22900138787

A HANDBOOK

OF

THERAPEUTICS

BY THE SAME AUTHOR.

Second Edition, small 8vo, 2s. 6d.

ON THE TEMPERATURE OF THE BODY AS A MEANS OF DIAGNOSIS AND PROGNOSIS IN PHTHISIS.

LONDON: H. K. LEWIS, 136, GOWER STREET.

54800
P. R. Cooper
Owens Coll.
190.

A HANDBOOK

OF

THERAPEUTICS

BY

SYDNEY RINGER, M.D., F.R.S.

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE IN UNIVERSITY COLLEGE,
PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL

TWELFTH EDITION

LONDON
H. K. LEWIS, 136 GOWER STREET, W.C.
1888

17301

23937770

M17088

WELLCOME INSTITUTE LIBRARY

Coll.	welMOmec
Call No.	WB330 1888 R58h

PREFACE TO THE TWELFTH EDITION.

As in previous editions, so with this, I dwell much more on the indications for the use of drugs in disease than on their physiological action. The book is, in fact, a work on clinical therapeutics.

In preparing this edition, I have carefully revised every portion, and added much fresh information, not only on new drugs, but also on old.

I am anxious again to express my great obligation to my friend, Dr. George Bird, who has assisted in revising this and several previous editions of this Handbook, and who has increased its usefulness by many suggestions.

October, 1888.

CONTENTS.

	PAGE
Introduction.	1
The Tongue	2
The Pulse	6
The Skin	19
The Temperature of Health	21
Temperature in Disease.	23
Abnormal Elevation of Temperature, or Fever, &c. .	23
Chronic Fever.	30
On Dropsy	39
The effects of Cold on the Body	43
The Cold Bath, including Sea-Bathing	47
The Sitz-Bath.	54
On Packing with the Wet Sheet	54
Cold Baths in Fevers	56
The Warm Bath and the Hot Bath	62
Hot-Air and Vapour Baths	66
Shower, Douche, and Sponge-Baths	66
The Turkish Bath	72
Poultices and Fomentations.	77
The Medicinal Uses of Ice	83
On the Spinal Ice-Bag and the Spinal Hot-Water Bag.	85
The Spinal Hot-Water Bag.	87
The Internal Use of Water	88
On Enemata	91
On Acupuncture	96
Irritation and Counter-Irritation	100

Carbon, Animal Charcoal, Wood Charcoal . . .	106
Carbonic Acid.	108
Sulphur	109
The Sulphide of Potassium, Sodium, Ammonium, and Calcium	113

PAGE

Chlorine Gas, Chlorine Water, Chlorinated Soda, Chlorinated Lime, and their Solutions 121
Iodine 123
A few Introductory Remarks regarding the Relative Effects of Potassium and Sodium Salts . . . 128
Iodide of Potassium, Iodide of Sodium, and Iodide of Ammonium 130
Bromide of Potassium, Sodium, Ammonium, and Lithium. 138
A Theory concerning the "Topical" Action of Acids and Alkalies on Secretion 148
Sulphuric, Hydrochloric, Nitric, Phosphoric, and Acetic Acid 149
Sulphurous Acid, Sulphites, Hyposulphites . . . 159
Chromic Acid 161
Boric or Boracic Acid 162
Group embracing Caustic Potash, Solution of Potash, Carbonate and Bicarbonate of Potash, Acetate of Potash, Citrate of Potash, and the corresponding Preparations of Soda, Potash Soap, Soda Soap, Borax. 163
Ammonia, Carbonate of Ammonia, Spirits of Ammonia . 179
Magnesia, Light Magnesia, Carbonate of Magnesia, Light Carbonate of Magnesia, Solution of Carbonate of Magnesia 183
Lime, Caustic Lime, Lime-Water, Liniment of Lime, Saccharated Solution of Lime, Carbonate of Lime . 185
Phosphate of Lime. 189
Hypophosphite of Lime, Hypophosphite of Soda . . 193
Chloride of Potassium, Chloride of Sodium, Chloride of Ammonium 193
Group containing Sulphate of Potash, Sulphate of Soda, Sulphate of Magnesia, Phosphate of Soda, Tartrate of Potash, Bitartrate of Potash, Tartrate of Potash and Soda 195
Nitrate of Potash, Nitrate of Soda 201
Chlorate of Potash 204
Alum, Dried Alum, Acetate of Alumina 206
Preparations of Iron 210
Salts of Manganese 217
Nitrate of Bismuth, Carbonate of Bismuth . . . 219
Lead Salts 220
Nitrate of Silver, Oxide of Silver 227
Mercury and its Preparations 232
Preparations of Copper. 250

PAGE

Preparations of Zinc 252
Preparations of Antimony 255
Preparations of Arsenic 261
Phosphorus 283
Collodion. 288
Cod-Liver Oil, Almond Oil, Poppy Oil, Hemp-Seed Oil, Linseed Oil, Cocoa-Nut Oil, Dugong Oil, Palm Oil, Lard, Suet, Wax, &c. 290
Castor Oil, Croton Oil. 298
Glycerine. 301
Tannin and its Compounds, on Gallic Acid . . . 303
Hamamelis Virginica 307
Coto Bark 309
Petroleum, Vaseline, &c. 309
Tar, Creasote, &c. 309
Carbolic Acid and Sulpho-Carbolates 313
Musk, Castoreum 318
Alcohol 319
Chloroform 329
Ether 340
Iodoform 341
Iodol. 343
Hydrate of Chloral 345
Paraldehyde 350
Urethan 351
Hydrate of Croton-Chloral. 352
Nitrite of Amyl 356
Nitro-Glycerine 364
Nitrite of Sodium 366
Camphor 367
Turpentine, Oil of Turpentine 370
Group containing Nutmegs, Cloves, Canella Bark, Cinnamon Bark, Cajeput Oil, Oil of Anise, Fennel Fruit, Carraway Fruit, Coriander Fruit, Dill Fruit, Elder Flowers, Lavender Oil, Oil of Rosemary, Oil of Sandal-Wood, Menthol, Oil of Peppermint, Oil of Spearmint, Oil of Rue, Oil of Lemons, Cubebs, Buchu Leaves, Balsam of Tolu, Balsam of Peru, Copaiba, Mezereon, Sassafras, Storax, Juniper, Benzoin, &c. 374
Eucalyptus 378
Valerian, Valerianate of Zinc, Valerianate of Quinia, Valerianate of Ammonia 379

PAGE

Assafœtida, Ammonicum, Galbanum 380
Cantharides 381
Mustard 383
Capsicum 386
Ipecacuanha and its Preparations 387
Apomorphia 400
Veratrum Viride 400
Veratria 401
Colchicum. 404
Podophyllum 406
Guaiacum 411
Actæa (Cimicifuga) Racemosa 411
Aconite 412
Digitalis and its Preparations 421
Convallaria Majalis 435
Strophanthus (Kombi Arrow Poison). 436
Sparteine. 437
Adonidin 438
Tobacco 439
Conium 441
Calabar Bean 445
Muscarin 449
Jaborandi. 452
Gelsemium Sempervirens 456
Grindelia Robusta 465
Belladonna 465
Ethyl-Atropium, Methyl-Atropium 486
Hyoscyamus 487
Hyoscine 488
Stramonium 490
Duboisia Myoporoides 491
Hydrocyanic Acid, Cyanide of Potassium 491
Opium 493
Nux Vomica, Strychnia, Brucia, Thebaia 510
Lobelia Inflata 518
Cannabis Indica 520
Ergot 523
Coffee, Caffeine 526
Cocaine 530
Cinchona and its Alkaloids. 537
Salicine, Salicylic Acid, Salicylates 546
Salol. 551
Antipyrine 552

PAGE

Phenacetin 555
Quassia 555
Chamomile 555
Pareira Brava. 556
Elaterium 556
Colocynth 557
Aloes 557
Squill 560
Jalap, Scammony 560
Rhubarb 562
Senna 563
Cascara Sagrada 563
Euonymus 563
Senega 564
Anthelmintics: Filix Mas, Kousso, Kamela, Santonin, Turpentine, Areca Nut, Bark of the Pomegranate Root, Powdered Tin, Mucuna, &c. 564
Dietary for Invalids 569
Index to Therapeutic Agents 585
Index to Diseases 589

THERAPEUTICS.

INTRODUCTION.

I HAVE thought it might prove useful to the student and to the young practitioner to insert in this edition a brief account of the symptoms of disease. Of late years, since attention has been more drawn to the significance of physical signs, too little heed seems to me to be paid to the detection and appreciation of symptoms, objective and subjective. This is a marked defect among students. One often meets with a student, thoroughly equipped with all the resources pertaining to physical diagnosis, who yet is sorely puzzled with the indications afforded by the pulse or tongue. The reason is obvious. Physical signs are soon learned, whilst it requires a longer time, more patience, and a more discriminating observation to appreciate the meaning and to estimate the value of symptoms.

The indications of disease are divided into symptoms and "physical signs." The direct information to be obtained from the pulse, the skin, the tongue, the breathing, the evacuations, &c., are, for convenience, termed objective symptoms. The indirect information we gather from the patient's description of his own feelings and sensations, which are detected only by the patient himself; these, likewise for the purpose of convenience, are termed subjective symptoms. Important though physical signs undoubtedly are, yet symptoms, especially objective symptoms, are far more valuable. Physical signs, as a rule, help us to detect only coarse and decided changes, and are chiefly useful in diagnosis, whilst symptoms are far more useful guides in prognosis and in treatment.

It may be said, that before we can efficiently treat a patient, we must first form a correct diagnosis; hence physical signs, by greatly assisting us in this respect, must likewise greatly aid in the treatment. In some measure, this proposition is no doubt true; but when we have accurately diagnosed the disease, we treat, in most cases, the secondary effects rather than the primary disease; and these secondary effects generally make themselves apparent solely as symptoms. Only in a few instances, as ague and syphillis, can we directly cure the disease itself; but in other instances we must be

content to combat the secondary and often fatal effects. A disease often neither endangers nor destroys life by its direct effect on the organ attacked, but through a secondary effect manifested on another organ or organs. Thus to take the case of pneumonia; here, by no means unfrequently, the dangers depend, not on the condition of the lung, but on nervous or cardiac depression. The fever depresses the nervous system, shown in sleeplessness and delirium, and this depressed state of the nervous system causes cardiac weakness and so endangers and destroys life; or the fever may directly depress the heart and so weaken it that the patient dies. Now in both these instances the effects on the nervous system and on the heart are manifested solely by symptoms, and without due appreciation of, and proper attention to these symptoms, so much the worse for the patient.

Instances like this might be multiplied to any extent. Moreover, there is the wide range of diseases in which physical diagnosis is unavailing, and when there are only symptoms to guide our treatment; and unless trained in the recognition and estimation of symptoms, these are just the cases in which the young practitioner is more likely to find himself at sea.

THE TONGUE.

We examine the tongue to ascertain whether it is clean or furred: dry or moist; its colour, &c.

What is the meaning of a furred tongue?

A tongue may be furred from febrile disease; from local causes; or from sympathy with the stomach, intestines, or liver.

The condition of the tongue in fever is, perhaps, more a help in prognosis than in treatment. In most fevers the tongue at first is covered with a moist fur; but in some cases the tongue, strange to say, remains quite clean. Sometimes this is the case in typhoid fever. Now the coated tongue in fever does not give us much suggestion with regard to treatment, for whether the tongue is clean or foul, if there is constipation the bowels must be relieved; and if the tongue is very foul, that is, thickly coated, a mercurial purge is best, though whilst the fever continues some fur usually remains.

Local causes often foul the tongue. Enlarged tonsils often coat the back of the tongue. Decayed teeth often fur a portion of the tongue. If one tonsil only is enlarged, or if the decayed teeth are situated on one side, then only one longitudinal portion of the tongue is furred. In neuralgia of the fifth, when the lower branches

are affected, the tongue on the neuralgic side is apt to become furred.

Excessive smoking almost always furs the tongue.

The tongue very frequently indicates derangement of the stomach, bowels or liver. For instance, if there is no fever, and no local cause, as enlarged tonsils, bad teeth, &c., then a coated tongue indicates some disturbance of the primæ viæ.

What does a coated tongue under these circumstances indicate? We shall rarely go wrong in taking this furred tongue as an indication for giving one of four medicines, or some of them combined, namely, mercury, podophyllin, tincture of nux vomica, or nitric acid.

How are we to determine which to give and its dose? If there is constipation then give a mercurial preparation or resin of podophyllin in purgative doses. Any purgative, it is true, will here be useful, especially the natural purgative waters, as Pullna, Friedrichshall, or Carlsbad; but these, though valuable remedies, are in many instances inferior, in the cases in question, to mercurial and podophyllin purges.

As regards mercury, our choice falls either on calomel or blue pill for adults, or calomel or grey powder for children. The calomel or blue pill should be combined with extract of belladonna or of hyoscyamus, since this addition obviates the griping, and certainly seems to enhance the action of these drugs. An effective dose is half a grain of calomel with three grains of extract of hyoscyamus, for three consecutive nights; the first pill generally purges pretty freely, the second much less freely, and the third scarcely at all, though it helps to clean the tongue.

Which should we choose, mercurial purges or podophyllin resin? The answer to this question depends on the colour of the stool. If the motions are too light-coloured mercurial purges are best. If, on the other hand, the motions are too dark then podophyllin is needed. For this clinical fact I can give no explanation.

What is to be done when the bowels are freely open, or have been relaxed by medicine, but where the tongue still continues furred? Such cases we meet with often in gastric, biliary, or intestinal disturbance, and sometimes in the early convalescence from acute illness the tongue does not clean so quickly as it should, a sure sign of impaired digestion. Here again a mercurial preparation or podophyllin is useful, given with tincture of nux vomica and nitric acid. If the motions are too light then give a third or half a grain of grey powder night and morning or three times a day; if the motions are too dark then give a small dose, say a thirtieth to twentieth of a grain of podophyllin resin, night and morning. Five drops each of tincture of nux vomica and dilute nitric acid thrice daily, will much promote the action of the mercury and the podophyllin. Sometimes the fur is dirty or brown, and the patient complains of a disagreeable bitter

taste, especially in the morning, and this symptom is an additional indication for the foregoing treatment. Sometimes, however, in spite of this treatment, the disagreeable bitter taste persists in the morning, or even during the greater part of the day. Rinsing the mouth with a weak solution of permanganate of potash will generally temporarily remove the annoyance.

As the tongue cleans the fur recedes from the tip and edges, and gradually becomes thinner, especially at its margin. With a little practice we can generally detect when the cleaning process is going on.

After an acute illness like typhoid fever the tongue sometimes parts with its fur in flakes, leaving clear smooth patches, especially at its back. This tongue denotes a slow convalescence. In typhoid fever this tongue may a second time become dry, with a return of the abdominal symptoms. In a case like this turpentine is indicated in 10 to 20 minim doses every two or three hours.

A dry tongue occurs most frequently in fever. The dryness first invades the tip and extends up the centre, spreading meanwhile laterally, till the whole tongue becomes dry. It grows moist in the inverse order of its invasion. A dry tongue generally indicates nervous depression, often shown by delirium, usually of a low muttering kind. This nervous prostration is often dependent on want of sleep. Narcotics, therefore, like chloral, bromide of potassium, or opium, by inducing sleep, soothe and strengthen the nervous system, and indirectly moisten the tongue. Opium is often more useful than bromide of potassium or chloral, for opium appears to have a greater effect on the tongue than either of the other drugs, probably inducing a moist condition by its direct action on the tongue and stomach, as well as through its sleep-producing effect on the nervous system.

Being frequently a sign of nervous depression, the dry tongue becomes also an indication for giving alcoholic stimulants. If, however, the nervous depression is due to wakefulness it is better, if possible, to secure refreshing sleep by a soporific, which, by soothing and strengthening the nervous system, renders the tongue moist, promotes digestion and assimilation, and incites the patient to take more food.

The two chief uses of alcohol are to assist digestion and to sustain the nervous system. Now sleep is the best restorative; hence fever patients who sleep well do not as a rule require stimulants.

If sleep cannot be secured, or if in spite of sleep the tongue remains dry and the delirium persists, then alcohol is indicated, though the pulse is a better guide. Usually, however, a patient with a dry tongue has a frequent, quick, and compressible pulse calling for alcoholic stimulation.

Whilst the tongue often affords evidence of the necessity for alcohol, sometimes it shows when it does harm, for if the tongue

grows coated or drier, it is evident that the stimulant is doing mischief.

The tongue in an aged person often readily becomes dry even in non-febrile illnesses; hence a dry tongue has not quite the same serious import as a dry tongue in a younger person. If with the dry tongue there is sleeplessness we must be careful how to give soporifics; for though in many cases a soporific is very beneficial, yet in old people sometimes it produces great excitement. If the dry tongue is associated with depression or exhaustion we not at all rarely find that alcohol increases the dryness and destroys the appetite; hence, at first, stimulants must be given to aged patients in a small quantity, the effect of which must be carefully watched.

The colour of the tongue is a useful sign. A broad, pale, flabby teeth-indented tongue indicates anæmia with a relaxed condition of the tissues. It is met with in simple anæmia, and chlorosis, and in some chronic diseases, as in Bright's disease, in which, in addition to anæmia, there is hydræmia—an excess of water in the blood. This tongue always signifies the need for iron; and the astringent preparations in large doses are, as a rule, far the best. A swollen teeth-indented tongue during a course of mercury is one of the earliest signs of salivation.

In diabetes, in severe and advanced cases, the tongue is often characteristic. It becomes smooth, glazed, shiny, beefy-looking, abnormally clean, often with a tendency to become dry, and sometimes quite dry.

The tongue may be red, with prominent red papillæ most marked at the tip; and this red tongue too clean, too smooth, or slightly furred points to "the irritable tongue" and a corresponding state of the stomach. It is met with in certain dyspeptic cases, sometimes in drunkards, and especially in phthisis when the intestines are ulcerated or there is tubercular peritonitis. Small doses of arsenic, say one minim of the liquor, given shortly before food, will generally improve this tongue and the associated conditions. It should be borne in mind that great irritation of the stomach or intestines or tubercular peritonitis may exist, unaccompanied with this irritable tongue.

In scarlet fever, a few days after its commencement and before the fever declines, this tongue is met with, and it continues during the early part of convalescence. It is the very characteristic "strawberry tongue," always suggestive of scarlet fever. Its appearance arises from desquamation of the tongue, for the cuticle of the tongue being moist is more easily separated than the cuticle of the skin, hence the tongue desquamates some days before the skin. I need hardly say, that whilst the fever lasts, we should not treat the tongue with arsenic, though, if convalescence is tedious and the tongue retains its strawberry character, arsenic and nitric acid will be found useful.

The "nervous tongue" is also very noteworthy: generally it is very slightly coated and covered with a slight froth, most marked close to the edge. We meet with it in persons of nervous temperament, especially during the period of excitement, and in cases where the nervous system has been depressed by overwork, and worry.

THE PULSE.

With each contraction of the heart, a wave is sent through the arterial system, which, in its journey along the vessels, distends them; and this periodical distension, readily felt when the fingers are placed on an artery, is the pulse. Dr. Broadbent, however, denies that the pulse is due to distension of the artery, and ascribes it to the wave forcing or trying to force the vessel flattened by pressure of the finger back to its cylindrical form. The pulse, therefore, depends on the heart; and varies with the condition of the heart. It is influenced also by the condition of the vessels, the pulse varying according to the contracted or dilated condition of the arteries; moreover, it is also modified when the walls of the vessels become fibrous or calcareous. The pulse is an accurate index of the condition of the heart, and is therefore the most valuable guide in disease.

The importance of the pulse is manifest when we consider that disease kills by arresting the heart. Whilst the heart beats there is life and hope. In many instances, the pulse gives the promptest signs of danger and the earliest indications for treatment. To illustrate this by an example, take the case of pneumonia, in which disease so long as the pulse continues good we have fair hopes of our patient. In some patients the heart fails early and the pulse soon reveals this condition; the patient fails, we say, at the heart. In other instances, the nervous system first gives way, shown by sleeplessness and muttering delirium; but though these symptoms cause anxiety, yet so long as the pulse remains good we hope to save our patient. The anxiety we feel with regard to this nervous perturbation arises from its depressing effect on the heart; for if the patient does not sleep, this unrest, with the consequent delirium, rapidly depresses and weakens the patient, and at last arrests the heart. The disease, therefore, may directly tell on the heart, or it may indirectly affect this organ by its depressing effect on another system. In any case it is the ultimate effect of the disease on the heart that destroys life. It is hardly possible, therefore, to over-estimate the cardinal importance of the pulse.

The pulse-beats may be frequent or infrequent; slow or quick;

small or large; compressible or incompressible; regular or irregular; or intermittent.

By the *frequency* of the pulse we mean the number of beats in a given time.

In a *quick* pulse each beat occupies less than the usual time, that is, each wave is of short duration relatively to the pause between the waves.

When the volume of the pulse is greater than usual it is said to be *large;* or the volume may be less than usual when it is said to be *small.*

When the fingers can easily stop the pulse it is said to be *compressible;* when, on the other hand, it can be arrested only with difficulty or not at all, the pulse is said to be *incompressible.*

The pulse may be irregular or intermittent. In an *irregular* pulse, succeeding beats differ in length, force, and character. In an *intermittent* pulse a beat is from time to time lost.

The frequency of the healthy pulse varies: thus, in some persons the normal pulse is 100, in others as low as 50 a minute, but these extremes are rare.

Five conditions produce a frequent pulse: Fever, debility, excitement, hysteria, and cardiac disease, as in some cases of mitral disease; and the pulse in exophthalmic goitre is greatly accelerated. We seldom experience difficulty in determining the cause of the accelerated pulse. In excitement the acceleration is not persistent, and lasts only whilst the excitement continues. Hysteria may greatly and permanently accelerate the pulse to even 150 or 160 beats per minute. But in a grave illness, whether febrile or not, hysteria, if present before, generally passes away at once, so that we may safely attribute the frequent pulse to the invasion of another and more serious disease.

In fevers the pulse is generally accelerated in proportion to the elevation of temperature, though the proportion between the pulse and temperature varies in different fevers. In scarlet fever the pulse is more frequent than in typhoid fever with the same temperature, hence a frequent pulse is of less serious import in scarlet than in typhoid fever. The same elevation of temperature accelerates the pulse relatively much more in children than in adults.

When a pulse is more frequent than the temperature will explain, it indicates cardiac weakness—the weakness being proportionate to the want of ratio between the temperature and pulse. In this way the pulse affords important information in prognosis and treatment.

A pulse that day by day progressively increases in frequency, the temperature remaining the same, shows increasing cardiac weakness.

In all febrile diseases, a pulse in adults over 120 is serious, and

indicates cardiac weakness, a pulse of 130 or 140 indicates great danger, and with a pulse of 160 the patient almost always dies. There is, however, a notable exception to this rule in rheumatic fever. In estimating the value of the pulse in this disease we must carefully ascertain whether rheumatic fever itself or pericarditis occasions the increased frequency. A pulse of 120, if due to the rheumatic fever, indicates great danger. In such a case the temperature is high, 104 to 105, the patient is prostrate, the tongue probably dry, and sordes collect on the lips : a case like this often ends fatally, and when the pulse rises above 120, say to 130 or higher, the patient will pretty surely die.

If pericarditis causes the frequent pulse, it becomes then of far less serious import, though the pulse may rise to 150 to 160 per minute. Not unfrequently we meet with such cases where, with but slight rheumatic fever, severe pericarditis with perhaps extensive effusion sets in. The temperature is not greatly raised, rising only to 101° or 102° Fah., the tongue remains clean or but slightly coated. Now in a case of this kind, though the beats rise even to 160 and the pulse becomes very bad in other qualities, being very compressible or even small and compressible, yet we may reasonably expect the patient to recover. The heart's substance too is generally inflamed ; and this weakening of the heart's substance, coupled with the mechanical embarrassment rising from the pericardial effusion, excites very hurried, even panting breathing. Thus attacked, the patient often looks very ghastly, the face becomes dusky and distorted with the hideous risus sardonicus ; yet if these symptoms can be clearly traced to the cardiac mischief, we may hold a well-grounded hope of the patient's recovery, even without the aid of large doses of alcoholic stimulants. In fact, acute pericarditis is rarely immediately fatal ; it remotely destroys life only by leading to dilatation with valvular incompetency, or to fatty degeneration of the heart.

Rheumatic fever with other complications generally ends favourably, no matter how serious the aspect of the patient. Pneumonia, even when double and further complicated with extensive pericarditis, seldom destroys a patient.

Again, an irregular pulse from mitral disease may be very frequent, 120, 130 or more, without indicating extreme danger. Sometimes, in acute fever, as typhoid fever, though the temperature is high, the pulse remains normal throughout the attack ; such a pulse certainly shows absence of cardiac weakness, and is of course a favourable sign.

In chronic diseases a frequent pulse very generally indicates cardiac weakness.

With increased frequency other signs of cardiac weakness are associated. The weakened heart propelling the blood less energetically than in health diminishes arterial tension and the pulse becomes

soft and compressible. Relaxation of the arteries plays a part still more important in producing a compressible pulse; this condition permits the blood to pass with greater readiness into the veins, and so to lessen arterial tension. This relaxed condition of the arterioles, unless the heart is very weak, causes the pulse to be large and voluminous. At first one might erroneously suppose that this pulse indicated an energetic arterial circulation and a well-beating heart, but the compressibility soon corrects this error. It is therefore highly important always to test the compressibility of the pulse. If the heart becomes still more weak, and the arterioles still more relaxed, then each beat propels little blood into the arteries, and these allowing the blood to pass readily into the veins, the pulse becomes small as well as quick and compressible. Smallness of the pulse, therefore, indicates still greater weakness. When the pulse is very small it is said to be thready. When the heart is weakened its contraction often becomes sudden and sharp, rapidly reaching a maximum and rapidly declining, giving rise to a quick pulse, which thus often gives evidence of cardiac weakness, especially when combined with the other and surer indications of this state.

Therefore, in estimating the condition of the heart, we pay regard to the frequency, especially with reference to the temperature, to the compressibility, and to the size of the pulse. The more frequent, the more compressible, the smaller the pulse, the greater the cardiac weakness, and the more imminent the patient's danger, and the greater the need of cardiac stimulants.

These pulse signs, therefore, both in febrile and non-febrile disease, are indications for giving cardiac stimulants, especially alcohol. These pulse signs, moreover, afford an accurate index of the effects of alcohol and of the amount required; for alcohol strengthens the debilitated heart, reduces the frequency of its beats, and contracts the vessels, and so heightens arterial tension and lessens the compressibility of the pulse.

Both in acute and chronic affections cardiac weakness is, as a rule, accompanied by evidence of general weakness, though this by no means is always the case. We may be called to a patient with an acute illness who at first sight shows no evidence of weakness; his temperature is found to be from 102° to 103°; he easily turns over or sits up in bed; his voice is strong; his tongue moist and but little furred, perhaps even clean; he takes his food and apparently digests it well. He sleeps well at night and is free from delirium; in fact, the general appearance of the patient indicates no danger; but the pulse beats say 130 per minute, and it is small, compressible, and quick; and not due to excitement, as we ascertain by repeated observations; in fact this patient is in considerable danger. Are we to pay regard to the pulse or to the general condition? Certainly to the warning pulse, for in a case like this just described, serious

symptoms will set in in a few days, and the patient will sink. The pulse here is a much prompter and surer danger-signal than the other symptoms. To take another instance:—A febrile patient when first seen presents no serious symptoms, but as the case goes on, and whilst the patient's general state remains apparently satisfactory, the pulse gradually increases in frequency and loses in force. Here again the pulse is the better guide, giving early indications of approaching general prostration.

We must, however, bear in mind that owing to individual peculiarity, the pulse in some persons is easily made very frequent, and a moderate amount of fever may accelerate the pulse and make it 130 to over 150, without this frequency indicating any danger. Our previous knowledge of the patient will alone enable us to rightly estimate the frequency of the pulse in these cases. Again, we meet with cases of this kind: a patient suffers from a moderately severe attack of fever, and the pulse is by no means frequent in proportion to the fever, but it is very small and very compressible. In forming our prognosis are we to be guided by the smallness and compressibility, or the frequency of the pulse? In most cases certainly by the frequency. The size and compressibility of the pulse varies in health very considerably in different persons. In some persons in perfect health and capable of vigorous exertion, we find a very small and compressible pulse—that might even be called thready. Such a pulse often occurs in various members of the same family. Now if such a person becomes febrile the pulse becomes more frequent, and without any cardiac weakness is of course small and compressible—and it is obvious if we disregarded frequency and paid attention only to the size and compressibility, we should be misled, both as regards prognosis and treatment. Of course our previous knowledge concerning the patient will, in many instances, save us from falling into error; but should we see the patient for the first time in a febrile attack, if we regarded the size and compressibility rather than the frequency, we should probably be misled. Of course if a previously good pulse becomes small and compressible this change is significant, but it rarely happens that this change occurs without a corresponding increase in the pulse's frequency.

It is true that sometimes signs of danger arise first in other organs, perhaps in the nervous system, in the form of sleeplessness and delirium, yet, as I have pointed out, so long as the pulse remains good we feel that our patient is comparatively safe. If the nervous perturbation neither spontaneously declines nor yields to treatment, the pulse will ultimately fail and the patient will sink.

An infrequent pulse occurs in some cases of blood-poisoning, as in jaundice, uræmia, and in these cases the temperature is often subnormal.

In some cases of pericarditis at its commencement the pulse greatly

falls in frequency; and in rheumatic fever if the pulse changes suddenly and greatly in frequency, especially without corresponding change of temperature, we should expect the onset of pericarditis or other cardiac complications.

An infrequent pulse is met with sometimes in fatty degeneration of the heart, and in aortic obstruction, in irritation of the vagus or its root, as in meningitis, cerebral tumours or compression. In defervescence the frequency of the pulse may be much diminished.

The size of the pulse varies in disease. It is often large at the commencement of fever, the ventricle acting strongly whilst the arterioles are relaxed. It is rendered larger too from arterial excitement. In aortic regurgitation, the pulse is very large during systole, but during diastole becomes very small from the great emptying of the arteries.

The pulse is small in inanition, owing to the small quantity of blood. It is small, too, in mitral obstructions, mitral regurgitant disease, and in aortic stenosis, also with cardiac debility.

In an *intermittent pulse* an occasional beat is missed, the rhythm being otherwise regular. The omitted beat may occur frequently or unfrequently, at an equal or irregular interval. It must be clearly understood that an *intermittent pulse* is very different from an *irregular pulse*, and has an altogether different significance. Some persons have a life-long intermittent pulse, but ordinarily it does not occur till after middle age. It may be persistent or occasional; and when occasional only it is often due to an idiosyncrasy, and is caused by some article of food, as tea, perhaps green tea, smoking, or indigestion. Certain patients are unconscious of the intermission, and as Dr. Broadbent points out, this is especially the case when the intermission is habitual. Other persons are made very uncomfortable and nervous by a sensation as if the heart stopped or rolled over. The intermission often occurs in the artery only simultaneously with a weak beat of the heart.

In most cases an intermittent heart is of no significance, and does not appear in any way to imperil life, though Dr. Broadbent states that a patient so affected succumbs more readily to any illness; when, however, associated with unequivocal evidence of heart disease intermittency is of more serious import.

An irregular is of far more serious significance than an intermittent pulse. The pulse is irregular both in force and rhythm, succeeding beats differing in length, force, and character. It is generally due to mitral and rarely occurs in other forms of heart disease, though sometimes met with in great cardiac prostration, as in an acute febrile illness a few hours before death. It occurs too in fatty degeneration of the heart, and in the first and second stage of meningitis. It may be called the mitral pulse, and generally indicates

the need of digitalis which, in most instances, lessens or removes the irregularity.

Whilst an irregular pulse almost always indicates mitral disease, it must be borne in mind that a perfectly regular pulse may accompany extensive mitral disease; either obstructive or regurgitant, or both combined.

Some hold that the occurrence of irregularity in mitral disease is a sign of deficient compensation, the compensation being insufficient to meet the obstruction to the circulation offered by the mitral disease. But were this view correct, how does it happen that a few doses of digitalis will in many cases restore regularity, and that with the discontinuance of the digitalis the irregularity does not return?

The irregular pulse is very rare in children under twelve, though the conditions which produce it in adults are well marked. If, say between six and seven, mitral disease is established, and the child, though suffering from its effects, lives till it is over twelve, the intermittency then becomes gradually developed.

Though irregularity from mitral disease is rare in children, yet I have seen aconite, in half-drop doses repeated hourly, several times produce marked irregularity of the pulse. Irregularity of the pulse in children is common in the first and second stage of tubercular meningitis; in fact, its existence is often a valuable diagnostic guide. In some cases of cerebral disease, with Cheyne-Stokes breathing, the pulse is affected by the respirations; as these grow more and more shallow the pulse grows slower and slower, and then becomes frequent when the patient takes a deep sighing breath.

An irregular pulse may be due to much smoking, to venereal excess, and to tea-drinking.

Hitherto I have referred to the dependence of the pulse exclusively or mainly on the condition of the heart. But the condition of the blood-vessels themselves also influences the pulse.

Through the action of the vaso-motor nerves on the muscular coat of the arteries the small blood-vessels undergo relaxation or contraction. When the vessels are relaxed, the blood passes easily from the arteries to the veins, hence arterial tension is slight, and the pulse is soft and compressible, but owing to the relaxed state of the vessels it is also large. A relaxed condition of the arteries, therefore, produces a large, soft, compressible pulse.

In most diseases a relaxed condition of the arteries is associated with a weak heart. Sometimes, however, we have arterial relaxation with a normal heart, in which case the pulse is soft and compressible, but large. This pulse is met with in the early stage of some fevers.

Arterial relaxation, or, in other words, diminished arterial tension, produces dicrotism. In this pulse one of the normal secondary waves of oscillation becomes greatly exaggerated, so that it can be

easily felt by the finger. Indeed, it may be so distinct that an inexperienced person, mistaking it for the primary wave, might easily be led erroneously to think it indicated a cardiac contraction. Indeed, a nurse has been known to make this mistake, and thus to double the number of true pulsations. Dicrotism always indicates marked arterial relaxation, and often coincides with cardiac weakness. Some writers insist that this pulse indicates the use of alcohol, which should be pushed till the dicrotism ceases. Now, in this opinion I cannot concur, feeling convinced that in many cases with marked dicrotism no alcohol is needed. We must look rather to the frequency of the pulse, and if this shows the need for stimulation, then no doubt dicrotism affords additional evidence in favour of giving alcohol.

A dicrotous pulse is frequently met with in typhoid fever.

I now come to the *pulse of high arterial tension;* here the vessels are much contracted, and then as the blood escapes with greater difficulty from the arteries into the veins, the arterial tension becomes high. In some of the following remarks I largely borrow from Dr. Broadbent's valuable lectures on the pulse; and the pulse in question cannot be better described than in his own words:—

"The artery, usually rather small but sometimes large, is hard and cord-like; it can be rolled under the finger and is easily traced in its course up the forearm, where it feels like another tendon lying amidst those in front of the wrist. It reminds one, as I have often said, of the vas deferens."

With the vessels in this condition the pulsation is often so slight that it might readily be mistaken for a weak pulse, but that its incompressibility prevents our falling into this error. It can be compressed only by using considerable force. It is, in fact, a slightly pulsatile pulse, for owing to the high arterial tension the vessel with each beat of the heart undergoes but little dilatation, hence the pulsation is indistinct. In addition to being small the pulse is slow and hard.

The following conditions give rise to arterial tension—

1. Degeneration of vessels.
2. Bright's disease, especially the contracted kidney.
3. Gout, jaundice; lead-poisoning; ergot; gallic acid.
4. Affections of the nervous system.
5. The rigor of fevers.

High arterial tension accompanies some forms of Bright's disease, occurring in the fatty, but especially in the acutely-inflamed and contracted kidney; in fact high arterial tension, and hypertrophy of the heart, associated with an increased quantity of urinary water containing a small quantity of albumen, enable us to diagnose the contracted form of Bright's disease. The albuminoid kidney is not associated with high arterial tension.

Although it is quite true that, in general, a soft compressible pulse of low tension accompanies a weakly acting heart, we meet with exceptions to this rule. For a patient prostrate, nay, even moribund, and consequently with a very feebly acting heart, may have a high tension pulse, the radial artery feeling hard and remaining to the touch like a firm cord, and is distinctly traceable some way up the forearm, even during diastole; whilst the temporal artery is also firm and resistant. This combination of a high tension, and therefore small and resistant pulse, with great cardiac and general weakness is, I think, more commonly seen in children, and is sometimes strongly marked in tubercular meningitis and capillary bronchitis, or broncho-pneumonia.

It is obvious from these facts that we must not be led to give a too favourable opinion because of the high tension pulse. When the frequency and the tension point in opposite directions we must rely on the frequency rather than the tension. In those cases where the heart is feeble, though the pulse shows high tension of the vessels, we can, from the feel of the pulse, sometimes detect the condition of the heart, and thus estimate the true state of the patient, without having regard to the frequency of the pulse. The pulse, even during diastole, feels hard and resistant, and we can trace it a long distance beyond the point where it is usually felt, but each systolic distension feels smaller than usually, even with high tension of the vessels; moreover, with slight pressure, we can easily arrest the pulse wave along the vessel.

Here, perhaps, I may profitably introduce, though at the risk of some repetition, an account of the modifications the pulse undergoes in the stages of an acute illness. First I will refer to the characters of the pulse of a man previously vigorous and robust, smitten with an acute disease. The pulse differs in the separate stages of the fever, in the chill, the acme, and the decline. During the rigor or chill the arteries contract, and produce a pulse of high arterial tension. The pulse is frequent, small, often very small, hard, incompressible, and long, or, as it is otherwise termed, slow. The chill over and the fever established, the arterioles relax and the pulse becomes larger; but as the heart is not yet weakened the pulse is large, full, and not easily compressed,—bounding, as it is called. When the fever persists during many days and the patient grows weak the pulse becomes softer, and more compressible, short (or quick) and often dicrotous.

In the case of a fever with great prostration the pulse is very frequent, small, short, very compressible, these characters becoming still more marked if the illness terminates fatally. If in the supposed case the patient, previously in weak health, is suddenly attacked with an acute illness, the pulse from the first would assume this character. During the decline of the fever, especially when it

ends abruptly, and accompanied by free sweating, the pulse, unless the patient has been greatly weakened, is large, very soft, easily compressed, dicrotous, and short—all the characters, indeed, of extreme arterial relaxation. Indeed, in febrile diseases, even during their height, and in non-febrile diseases too, when the skin perspires freely, this is generally the character of the pulse. And this also is the pulse of acute rheumatism, because this disease is usually accompanied by sweating. Again, in a febrile disease, when by means of a drug we convert the dry into a moist skin, we find the pulse becomes soft, large, but compressible.

In well-marked aortic regurgitation the pulse is often characteristic. It is a pulse of extreme low tension. In this affection the blood during diastole flows back into the ventricle, so that the arteries become more or less emptied of blood. The ventricle being hypertrophied and dilated, propels a larger quantity of blood with greater force than usual into the partially emptied arteries, and suddenly distends them. This explains most of the phenomena of the aortic regurgitant pulse. The pulse in great arterial relaxation (low tension) may simulate the pulse of aortic regurgitation, for great arterial relaxation by unduly facilitating the passage of blood from the arteries into the veins empties the arteries more than usual, and these unfilled vessels becoming suddenly distended by the normal contraction of the ventricle, especially during excitement, give to the finger some of the characters of an aortic regurgitant pulse, but in a much less marked degree. The pulse is somewhat sudden, and this quality, as is the case with aortic regurgitation, is accentuated by raising the arm above the level of the heart. Further, if the radial is at all visible with the limb dependent, this visibility becomes much more marked on raising the arm. Indeed it may become visible only on raising the arm.

The pulse of aortic regurgitation is of two kinds, depending on the amount of regurgitation and the strength of the heart. The pulse in early cases gradually rises as usual till it reaches its acme, and suddenly collapses, the collapse being due to the regurgitation of the blood into the ventricle.

In more advanced cases the pulse gives to the finger a sharp, quick stroke. The extreme suddenness in the commencement of the pulse, as Dr. Galabin observes, gives to the finger in marked cases the impression of a sudden blow or jar. This is the diagnostic quality of the pulse. In some cases, especially when the heart is weak, if several fingers are placed on the artery, and the pressure is graduated, the pulse feels at a certain degree of pressure as if a small ball or shot was puffed under each finger. This is the shotty pulse.

This character of pulse can often be felt best by grasping the wrist with the whole hand, so as to feel both ulna and radial arteries; and these characters are also increased by raising the wrist high

above the level of the heart, thereby enabling gravitation to assist the aortic regurgitation to empty the arteries. This quality of pulse is often only felt when a certain degree of pressure is made on the artery, becoming much less by diminishing or increasing this pressure.

In aortic regurgitation, as Dr. Corrigan points out, the pulse is often visible in the more conspicuous arteries. In fairly nourished persons the radial pulse is not visible in health, but is often distinctly visible in healthy thin persons. In aortic regurgitation it becomes far more visible at the wrist when the arm is raised over the head. This visible pulsation is probably due, as Corrigan points out, to the empty condition of the artery during diastole. The blood flows easily into the veins, and much is poured back by the aorta through the patent aortic orifice into the ventricle, hence the imperfectly filled arteries, on receiving the impact of the blood from each contraction, become widely dilated.

Is visible pulsation diagnostic of aortic regurgitation? Certainly not. Visible arterial pulsation of the neck and head accompanies not only aortic regurgitation, but also fibroid degeneration of the vessels, great arterial relaxation, and high arterial tension. Mere excitement, by increasing the force of the heart's contraction, often in nervous persons produces visible carotid pulsation, and this phenomenon is more frequent in women. But this nervous pulsation rarely extends more than half way up the neck, and hence can generally be at once detected from the visible carotid pulsation due to more serious causes. Visible pulsation of the whole length of the carotid to the lobe of the ear and of the temporal, and perhaps of the facial artery, is far more frequently due to aortic regurgitation than to high arterial tension or to the opposite condition, low arterial tension, or to degeneration of the arteries. Therefore extensive visible arterial pulsation in the neck, that is, when the pulsation can be distinctly seen as far as the back of the lobe of the ear, is strongly suggestive of aortic regurgitation; though I should mention that visible pulsation is well marked in pericarditis accompanied by carditis or pericardial effusion, conditions generally associated with marked arterial relaxation.

Aortic regurgitation, degeneration of the arteries, and high arterial tension, will produce distinct visible pulsation not only of the carotid, but likewise of the brachial, radial, ulna, &c.

These three conditions—aortic regurgitation, arterial degeneration, and high arterial tension—may be combined. Aortic regurgitation is especially a disease of middle or advanced life; the endo-arteritis and endo-carditis producing aortic and arterial degeneration being due to age and strain from some laborious occupation. The chronic inflammation often affects the entire arterial system even to the smallest vessels, and by rendering them inelastic, and by narrowing

the lumen of the smaller vessels friction is increased—a greater hindrance is offered to the passage of the blood, and the tension of the vessels rises.

How can we distinguish between the visible brachial pulsation due to simple arterial degeneration, and that due to simple aortic regurgitation? In arterial degeneration the arteries become elongated and tortuous, easily visible in the brachial just above the elbow. A tortuous pulse, therefore, always suggests arterial degeneration. Moreover, in arterial degeneration the arteries feel hard and cordy, even when all blood is pressed out of them, and sometimes calcareous plates or atheromatous hardenings can be distinctly felt. A tortuous condition of the arteries as of the brachial, does not, however, always point to degeneration, for, as Dr. Broadbent tells me in confirmation of my own experience, this tortuosity may be produced by high arterial tension, but says it occurs only when high arterial tension has endured for some time, and is not seen in the cases of high arterial tension accompanying acute Bright's disease.

Long ago, Dr. Corrigan pointed out that raising the arm increased the visibility of the radial pulse in aortic regurgitation, and he used this fact to support his theory of the production of visible arterial pulsation in aortic regurgitation. This increased visibility of the radial pulse on raising the arm will not, however, enable us to diagnose aortic regurgitation, for in arterial degeneration the visible radial pulse becomes decidedly more obvious in this position, though perhaps not so great in a degree as in well-marked aortic regurgitation. I may mention, that in children even with considerable aortic regurgitation the pulse is rarely visible.

In many cases of advanced aortic regurgitation, when the observer's ear is placed in the palm of the patient, raised above the level of the heart, each beat of the pulse is distinctly audible. Extreme arterial relaxation without aortic regurgitation will produce this thud-like sound. It is probably due to the sudden distension of the relaxed arterial walls. In advanced cases a double murmur, too, may be produced by pressing the stethoscope on a large artery. This double murmur is heard best over the femoral, just at Poupart's ligament. The diastolic murmur is audible only with a certain degree of pressure, and is often quickly lost by any increase or diminution of it. The systolic murmur can, of course, be produced in health by pressure. It is the diastolic murmur which points to aortic regurgitation.

In aortic regurgitation we often meet with the capillary pulse, first noticed by Quincke, who points out that it also sometimes occurs in health, and is best seen under the finger nails. It is not visible, I believe, in the skin of the forehead in healthy persons, but a slight pulsation sometimes occurs in cases of very low arterial tension. I have seen it after a copious hæmorrhage. It is much more marked

in aortic regurgitation, if the regurgitation itself is marked. When the skin is reddened by irritation, the blush pulsates synchronously with the heart's beat. It is observed best in parts situated on a higher level than the heart, as the forehead and temporal region. With each diastole the skin becomes pale and reddens again with the systole. The explanation of these changes is obvious. During diastole the blood flows back into the ventricle, and the arteries become comparatively empty, those especially situated above the cardiac level; hence during diastole the irritated skin grows pale, but the systole again fills the dilated vessels, and a blush diffuses itself over the skin. The capillary pulse is also visible in the extremities, but is much more marked when hand or foot is raised above the heart's level. This capillary pulse is well exemplified in the sole after reddening the skin by putting the foot in hot water or mustard and water. It is well brought out by wrinkling the skin, by strongly extending the foot and flexing the toes. The skin along the wrinkles becomes pale, but reddens with each systole. The pulsation is well marked even when the foot rests below the heart's level, for the wrinkles in the skin press on the capillaries and empty them; but the systole is strong enough to refill them and to redden the previously pale skin. As would be expected, pressure on the artery supplying the surface under observation arrests the visible capillary pulsation.

Brunton describes a capillary pulsation synchronous with respiration as well as with the heart's beats. He also suggests that there may be a third cause of the increased redness, namely, the peristaltic contraction of the arteries, and certainly one sees blanching and redness which are not dependent on the heart or breathing occurring less frequently than the respirations and lasting longer than a respiration.

The pulse of aortic obstruction, so long as the left ventricle remains undegenerated, is slow, generally small, infrequent, and often hard. It is slow and small, because even the hypertrophied ventricle can force the blood but slowly through the narrowed aortic orifice. It is infrequent because of the great length of each systole. If there is co-existing insufficiency, of course the character of the pulse is much modified. When compensation fails the pulse becomes small and compressible.

In marked mitral obstructive disease, the pulse, when not irregular, is small and compressible.

In arterial degeneration the vessels become elongated, tortuous, and the pulse beats become very visible. The artery feels hard and like a cord, or like the vas deferens, and sometimes the calcareous plates may be felt even in the radial artery at the wrist. This is a very significant condition, being evidence of senile decay of the arteries, a condition which leads to atrophy and degeneration of the

organs. Many persons are constitutionally much older than their years will warrant—they are, in fact, prematurely old; whilst, on the other hand, many old people show few signs of old age. In individuals prematurely old the arteries are found in a state of degeneration, whilst in hale old people their arteries show few or no signs of degeneration. It has been well said that a man is as old as his arteries.

The pulse in this condition is weak, and if the artery is rigid there may be no pulse. In a sphygmogram the line of ascent is slow, and less than normal. The top of the trace is rounded, and the line of descent is more gradual with less distinct secondary waves.

The pulse may be delayed at a distance from the heart. This occurs in arterio-sclerosis (fibroid). If this condition is more marked on one side, or if the origin of the vessel as it arises from its trunk is narrowed, then the pulse beats later on this than on the opposite side. Aneurism of the aorta, too, often delays the pulse, and it may do this on one side more than the other, or on one side alone. In aneurism of the aorta influencing the arteries of one arm only, the artery on this side can be felt to fill more slowly, and sometimes the distension of the artery is distinctly divided into two parts, by two impulses almost continuous, the second being the less considerable. These effects are still better seen in a sphygmogram, where the line of ascent is delayed (and it may consist of two parts), the top of the trace is rounded and the waves in the line of descent are much less distinct.

Dr. Augustus Waller describes a "recurrent pulsation in the radial artery." After compressing the radial pulse and completely obliterating it, he points out that in many cases the pulse still beats at the distal side of the fingers. The arterial wave which produces the pulsation, he explains, comes from the ulna artery and travels through the radio-ulna inosculating arteries, and so reaches the radial artery. If the ulna artery likewise is compressed, this pulsation at the distal side of the fingers ceases. This "recurrent pulsation" is found generally in persons with relaxed arteries, in whom the heart beats fairly well; for a weak heart is unable to propel a wave from the ulnar to the radial artery. Dr. Waller finds this recurrent pulse twice as often in women as in men.

THE SKIN.

The condition of the skin affords us a series of instructive symptoms; but in this place I must restrict myself to speak only of a dry, a moist, and a profusely wet and sodden skin.

In most fevers with persistently high temperature the skin is hot,

often pungently hot. Now, if we make the patient's skin comfortably moist, we shall considerably promote his comfort and well-being. Small often-repeated doses of tincture of aconite or tartar emetic, or full doses repeated every three hours of spirit of mindererus, will induce perspiration. Aconite and tartar emetic are the most efficient. In fevers without lung implication aconite is best, but in catarrh, bronchitis, or pneumonia tartar emetic is preferable.

In many cases of diabetes and Bright's disease it is very difficult to make the very dry skin perspire.

The occurrence of sweating often suggests hints for treatment or assists the prognosis.

The two chief causes of sweating are weakness and a fall in a febrile temperature, two causes often combined in the same person in exhausting febrile diseases, as in phthisis.

In a non-febrile patient the readiness to perspire often indicates weakness, and even measures its amount; thus, in depressed health a person finds that exertion, even slight exertion, or any excitement, causes too free sweating. A trainer knows well that a trainee is in bad condition when he perspires too freely.

Again, in exhausting diseases, and during the weakness of convalescence, slight exertion or even sleep produces sweating, often profuse. It must, however, be borne in mind that in sound health great differences in respect to the amount of sweating are met with in different individuals. A person returning from a residence in a hot climate, where his skin has habitually acted very freely, finds on his return to a colder climate that under slight exertion he still continues to perspire very readily.

Profuse sweating occurs during the sudden fall of a febrile temperature, as in the sweating stage of ague, or during the fall of temperature after a rigor in pyæmia. Phthisical patients, too, in whom there occurs a great diurnal variation of temperature, rising to 102° or higher at night, and falling in the early morning hours, commonly undergo with this fall a drenching perspiration. The amount of sweating in febrile cases depends on the extent of the fall of temperature and the weakness of the patient. Where the weakness is great the sweating is often profuse, though the fall in the temperature may measure only two degrees or less.

These two forms of perspiration when uncombined can be easily discriminated. Except in the case of pyæmia, there occurs in febrile diseases only once daily a rise and a fall of temperature, and consequently sweating, when due to a fall in a febrile temperature, occurs only once daily, and chiefly early in the morning. In weakness, on the other hand, sweating breaks out at any hour, and many times a day, being occasioned by exertion, sleep, or excitement.

In my experience, profuse sweating as a rule is more common and lasts longer in the convalescence from scarlet fever than in other acute

febrile disease; hence during the recovery from scarlet fever sudamina in large crops often occur, greatly hastening desquamation, the skin sometimes coming off in large patches.

With the exception of rheumatic fever, profuse sweating at the commencement of an acute febrile disease, when the temperature remains permanently high, indicates great weakness and adds to the gravity of the prognosis. When besides profuse sweating there is duskiness of the face, ears, and under the nails, showing weak circulation from enfeeblement of the heart, the serious aspect of the case is strengthened. Again, the feel of the skin shows the condition of a patient. With much perspiration, the skin soft and sodden, points to general weakness, a state accompanied with a soft, perhaps large compressible pulse. These signs often indicate the need of alcoholic stimulants.

THE TEMPERATURE OF HEALTH.

Within certain narrow limits the body maintains its temperature in health, but within these limits the temperature varies in a definite daily cycle. During the day the temperature remains about 99°, but towards evening it begins to fall, and generally reaches its minimum at midnight. At this point it remains steady during a few hours, and then begins to rise, reaching its maximum about 9 A.M. The diagram of the temperature of a lad twelve years of age illustrates the daily course of the temperature in health.

The chart shows at once that a temperature normal during the day would be abnormal at night, and *vice versâ*.

During the day, between 9 A.M. and 4 P.M., the healthy temperature is usually about 99°; thus it may not be higher than 98°, or it may rise to 99·5° Fah. Any rise above 99·5° constitutes fever. About four in the afternoon the evening fall begins, and at midnight the temperature is about 97°, or even 96° Fah.

Whilst in many robust adults the temperature runs the same course as in children, yet with others the course is somewhat modified from that just described; thus the daily cycles are not so considerable, the maximum temperature and the evening fall being less.

In persons under 25 the daily variation is 2° Fah.; whilst the variation in persons over 40 is more restricted, being often only 1°, or even less.

Jaeger finds that the daily variation is greater in persons whilst labouring than when at rest. At rest he finds the average daily variation to be 2·2, whilst during hard physical work the daily variation amounts to 4·7. His experiments were made on soldiers, the observation being taken in the rectum.

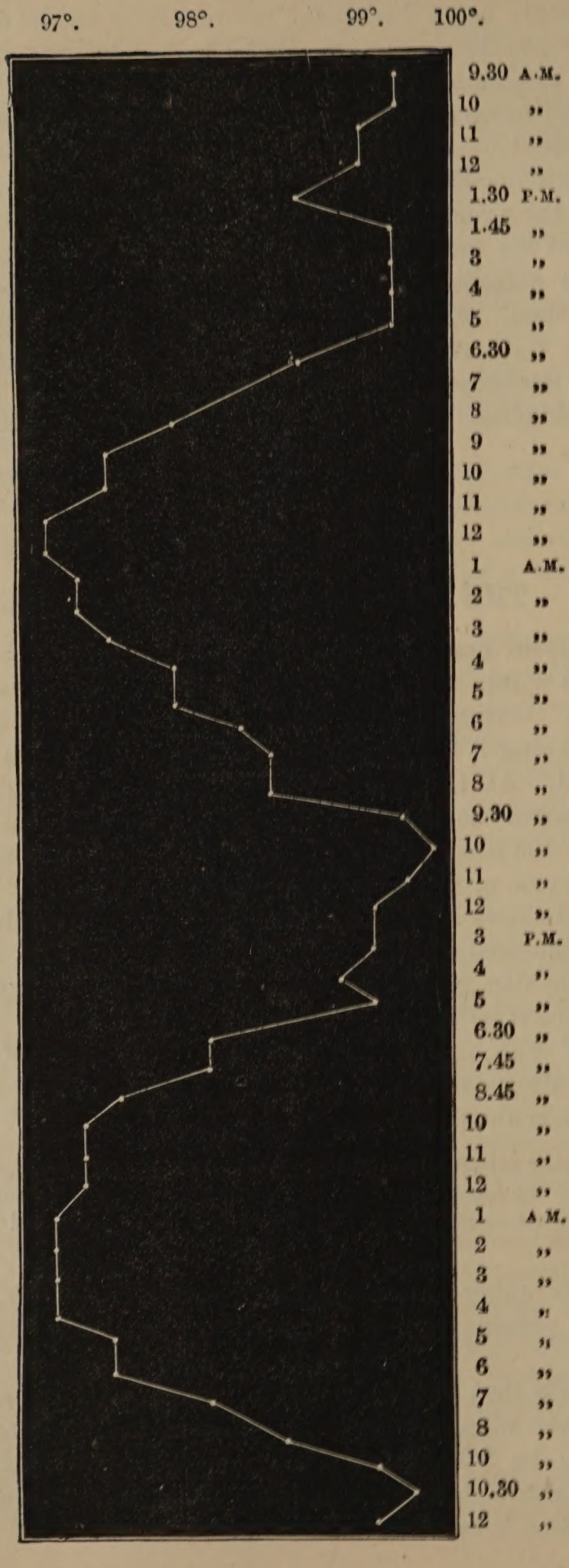

CHART OF THE TEMPERATURE OF A HEALTHY LAD TWELVE YEARS OF AGE.

TEMPERATURE IN DISEASE.

Whilst any elevation of temperature above 99·5° indicates disease, it need hardly be pointed out that a normal temperature does not necessarily indicate health. Many diseases, both acute and chronic, during their whole courses are unattended with fever. Indeed, in some diseases, the temperature is depressed below the health standard.

The daily course of fever varies with the severity of the disease. In a mild attack there is a considerable diurnal variation, the temperature rising towards night and falling in the early morning hours; but in a severe attack of febrile illness the diurnal variation may be very slight or even absent, the temperature remaining persistently high.

In private practice, as a rule, it is convenient to make but two daily observations, and these should be taken at such times as to obtain the highest and lowest temperature of the day. The likeliest times to give these minimum and maximum temperatures are 8 to 9 A.M. and 8 to 9 P.M. Though as a rule the morning temperature is lower than the evening, in rare cases the reverse happens. In some, especially in chronic cases, as in phthisis and sometimes in subacute rheumatism, the fever may last only for a few hours between 8 A.M. and 8 P.M., and thus observations taken at these times, though the temperature is then normal, do not absolutely prove that the patient is fever-free. If only one observation daily is made it should be taken in the evening, as, even in the diseases so severe as scarlet fever, the morning temperature may be nearly normal throughout the attack, whilst the evening temperature may rise to 103°; hence a morning observation only would lead to a great mistake concerning the severity, and possibly the nature, of the illness.

ABNORMAL ELEVATION OF TEMPERATURE, OR FEVER, &c.

Many diseases, contagious and inflammatory, are accompanied by a rise of temperature. It must be borne in mind that the same amount of disease produces in children a relatively higher temperature than in adults, and that there are, moreover, probably individual or family peculiarities apt to raise the temperature in disease beyond the ordinary standard. Some chronic diseases modify the fever, for in Bright's disease and diabetes an inflammation may produce little or no rise of temperature.

The derangement of function in a febrile disease is largely often

mainly due to the rise of temperature which depresses the functions of the body, and if of much intensity or duration induces parenchymatous degeneration of the tissues, which likewise depresses function. The dangers, therefore, in a febrile disease are mainly dependent on the high temperature, and are in proportion to the amount of elevation; so that we take the degree of fever as a measure of the depressive effect of the disease. The danger from a high temperature may, of course, be augmented by other circumstances as the diarrhœa of typhoid fever.

It may be said, perhaps, that the symptoms—the general weakness, the frequent, feeble pulse, the loss of appetite, and the delirium, are due to the elevation of the temperature; and this remark no doubt is true, for by treatment which tends to reduce the temperature to the normal standard we can abate or remove all these symptoms; and the abnormal elevation of temperature not only immediately depresses and weakens all the bodily functions, but as we have seen in proportion to the height and duration of the fever it likewise produces degeneration of all the organs, and this degeneration greatly weakens the activity of the organs. If the symptoms are referable to the direct depressing effect of the fever temperature, and indirectly through the degeneration it produces, it would seem a plausible supposition that the height of the temperature should be an exact measure of the patient's danger. A little reflection will soon show that this is but partially true, for though, no doubt, most of the symptoms arise from the high temperature, it must be recollected that its depressing effect must greatly depend on the previous condition of an invaded organ; thus, if previous illness, excesses of any kind, or unhygienic conditions have already depressed the organs, a high temperature will inflict on them much graver mischief. If, for example, rheumatic fever has slightly damaged the heart, a febrile attack will considerably increase the dangers to the patient through failure by the heart. If intemperance has injured the nervous system a febrile disease will intensify the danger of delirium and depression of the nervous system. We estimate the resistive power of each organ by the severity of its symptoms in comparison with the height of the fever. Thus, if delirium is excessive, whilst the temperature is but slightly elevated, it shows that the nervous system has but little power to resist; and if the pulse becomes very frequent, small, and compressible, it shows that the heart's resistance is but slight. If, on the other hand, with the fever severe nervous symptoms are slight, and the pulse, not very frequent, is full, and not very compressible, then we conclude that the condition of the nervous centres and the heart is satisfactory and our prognosis is good.

Therefore, in estimating the dangers of a febrile attack, we must regard not only the severity of the disease, as measured by the tem-

perature and other depressing causes, but the resisting forces of the body. The temperature largely measures the severity, but the power to resist fever is to be estimated only by careful attention to the condition of the different organs, especially the heart, the brain, and the stomach.

To illustrate these remarks take two ordinary cases of typhoid fever. One patient with high temperature takes and digests his food fairly well; he sleeps well, his heart is not much weakened, and yet, in spite of the high fever, or, in other words, the severity of the attack, he makes a good recovery. Another patient, with decidedly less fever, is troubled with sickness, sleeplessness, delirium, and weak heart, and so, though his attack as indicated by the temperature is not severe, yet he dies worn out. Again, take two cases of phthisis. One patient, in spite of considerable daily fever, eats, digests, and assimilates fairly well, and for the most part maintains his ground. Another patient, though his fever may be slight, and indeed sometimes even after it has become normal or below normal, the appetite, digestion, or assimilation being greatly impaired, slowly but surely wastes away. In certain rare cases, though the appetite is good and the digestion is apparently well performed, yet if assimilation is at fault the patient, in spite of plenty of food, wastes away, even in cases when the temperature has become normal. Hence in a case of phthisis, in addition to the fever and the appetite, we must note the weight, for in a case where plenty of food is ingested but assimilation is defective, the patient's weight is the sole measure of his progress.

Does the course the temperature runs give evidence of the nature of the disease? Whilst on the whole, this question must be answered in the negative, still it must be remembered that certain diseases generally have a somewhat characteristic temperature; indeed, in many cases of ague and pyæmia the temperature itself is diagnostic.

The thermometer assists us in diagnosis in cases of the following kind:—A patient becomes ill, and the temperature is found raised above the healthy standard. This fact, especially if the temperature is high, makes it incumbent on the doctor to search carefully to discover its cause. To narrow the range of our instances, let us restrict our attention to the commoner causes of fever. The fever may be due only to the acute contagious diseases, acute inflammation of some organ, rheumatism, gout, or to the diseases causing chronic fever. The doctor, we will suppose, has been called in on the first day of the attack, and his duty is carefully to investigate whether the fever is due to inflammation of any organ. In most instances the symptoms and physical signs will enable him to arrive at a diagnosis, an attack of rheumatism or gout being so characteristic that he will detect either at once. If the fever cannot be thus

accounted for, then he probably has to deal with one of the acute specific diseases; its nature, however, cannot ordinarily be diagnosed with certainty till the characteristic rash appears. Still, even before the advent of the rash he may give a shrewd guess as to the nature of the illness. Thus, the patient may have been in the company of an infected person, or an acute contagious disease may prevail. Moreover, even before the appearance of the characteristic rash, the symptoms may suggest one of the acute specific diseases. Thus, sore-throat would point to scarlet fever; severe backache, headache, and sore-throat to small-pox; coryza with cough to measles. Severe fever, ushered in by a severe rigor, with severe headache, and pain in the limbs, would suggest typhus; whilst dull frontal headache with diarrhœa, would strongly point to typhoid fever. The mode of onset of the fever, that is the more or less rapidity with which the temperature mounts, and the more or less elevation which it reaches, also assists the diagnosis; but this point will be more dwelt on presently. Having then in many cases a strong suspicion as to the nature of the attack, he must wait for the rash to confirm or to correct his impression. If the second day passes without the occurrence of a rash, the case in all probability is not one of scarlet fever; for the rash of this disease appears on the second day, being very rarely delayed longer, more frequently, indeed, occurring before the second day, sometimes even in twelve hours. If the third day lapses without a rash, he is not dealing with a case of small-pox, for this rash usually appears punctually on the third day. In measles, it is commonly said that the rash appears on the fourth day, but in many cases this statement is certainly erroneous, for the rash often appears on the first day of the fever, and I have seen it even precede the fever. In many instances, however, though there is no fever, the patient suffers from coryza and cough for three or four days; but these symptoms may not occur till the rash appears on the very day the temperature rises. This being so, it may, however, be fairly taken that if the fourth day passes without a rash, the case is not one of measles. If the fifth day passes without a rash, the case is not typhus, for typhus rash appears punctually on this day. The foregoing diseases being excluded, there is then left only typhoid fever, and one of the diseases producing chronic fever; and the diagnostic difficulty will lie between typhoid fever and acute tuberculosis, the other diseases causing chronic fever being, in many cases, easily detected.

As the eruption of typhoid throughout the attack may be either altogether absent or be manifested by only a very few spots, which may possibly escape detection, we must in some cases diagnose this disease irrespective of the rash. The rash, however, appears between the eighth and twelfth day, which makes the diagnosis certain. If we are led to exclude typhoid, then, as I have just said, we have

probably to deal with a disease which causes chronic fever. The diagnosis of the disease referable to this head will be treated of when we speak of chronic fevers.

I now give another instance of the diagnostic value of temperature. A patient is suddenly seized with severe pain on the side of the chest. The pain, shooting or stabbing in character, is intensified on coughing or deep breathing. This is the characteristic pain of pleurisy and of pleurodynia;—one an inflammatory disease, the other a non-inflammatory disease—which is it? A physical examination, it may be said, will at once discriminate one from the other. But suppose the doctor has been summoned at the very onset of the attack, when the signs are undeveloped, the pain on moving the chest is a symptom common to both diseases; no doubt cough, present in pleurisy, may be absent in pleurodynia; but pleurodynia may occur in a patient with slight catarrh of the bronchial tubes, and one would not venture to base his distinction, between these diseases, simply on the presence or absence of cough. The thermometer alone solves the difficulty. If the attack is pleurisy, an inflammatory disease, there is fever (elevation of temperature), whereas if the attack is pleurodynia, a non-inflammatory disease, fever is absent.

In studying the temperature of fever, we must notice the mode of its rise (initial period), its character whilst at its height, and in a lesser degree, as of less importance, its declination to the standard of health. The character of the rise often helps us to form an opinion of the nature of the illness. In most febrile diseases the temperature rapidly rises, reaches its acme in twelve to twenty-four hours. This rapid rise occurs in the fever of most inflammations, and of typhus, scarlet fever, measles, erysipelas, &c. Where the rise is sudden and rapid, the onset of the symptoms is equally sudden and accentuated, and the rise in the temperature is generally accompanied by chills or rigors; or, as in typhus and pneumonia, by a single severe rigor. This sudden and rapid rise, being common to so many attacks, is of little diagnostic use beyond serving to exclude those diseases in which the invasion is more gradual.

On the other hand, in some diseases, the temperature rises more gradually and takes three or more days before it attains its maximum. This happens in most cases of tuberculosis and in almost all cases of typhoid fever, and sometimes in rheumatism and pleurisy. This gradual rise of temperature is therefore suggestive of the invasion of these diseases, and if there is no joint pain, the case is likely to prove either typhoid fever or tuberculosis, diseases which often closely simulate each other, so closely at the commencement as to baffle the discrimination of the most experienced. As in diseases with slow invasion of the fever, the doctor is seldom summoned till the temperature has become well developed, he has not often the opportunity

of ascertaining how it has comported itself at the beginning of the attack. Hence, at this stage, the temperature is seldom a serviceable guide; the mode of its rise must be estimated from the slow or quick onset of the symptoms.

From the course the temperature runs during the time the fever is at its height, we learn much more than from the mode of its onset. At this juncture we must regard the height of the thermometer, the extent of the daily variations, and the duration of the fever. The height of the temperature with its daily variations measures the severity of the attack. The greater the daily variations the more favourable the case. The high temperature, as we have seen, immediately and directly depresses all the functions, and further indirectly lowers them by producing degeneration of all the tissues; these effects of course being manifested in proportion to the height of the temperature. Hence they are far more marked in cases when the temperature all day keeps high, than in cases when, during many hours, the temperature is but little or not at all raised above the limits of health. A temperature of 105° always marks a severe attack of any disease, especially if the diurnal variation is very slight. A temperature above 105° threatens considerable danger; and from a temperature of 107° patients, unless treated by cold baths, very seldom recover. A temperature of 110° to 112°, unless it yields to the application of cold, is very quickly fatal.

In the early days of the clinical thermometer it was taught that in some diseases, as in typhoid, the temperature always reached a characteristic height, so that in a given case, if by the fourth day the temperature failed to reach 103·5° Fah. the case was said to be not one of typhoid fever. This absolute rule a more extended experience has shown to be erroneous. Typhoid and other fevers may run their course with any temperature above the normal standard. Some writers, indeed, go so far as to maintain that typhoid fever may exist without any abnormal temperature, and if typhoid, they say, why not other "fevers"? Still it must be admitted that the temperature is a serviceable guide in the discrimination of diseases. For example, in the majority of cases of typhus and typhoid fever, measles and inflammation, the temperature reaches 103°, and certainly if the temperature never exceeds 101°, then probably the case is not typhoid, typhus, scarlet fever, measles, nor any important acute inflammation. Sometimes the thermometer greatly assists us in discriminating measles and scarlet fever from German measles (rötheln). Thus, in German measles, the patient often complains of sore throat, and sometimes its rash is so like the rash of scarlet fever, and sometimes so like the rash of measles, that simply by the aspect it is difficult or impossible to distinguish them. In this dilemma the temperature, though not an absolute proof, affords strong presumptive evidence; thus in German measles the temperature generally is

scarcely or very slightly raised, not higher than 100° or 101°, whilst in measles and in scarlet fever, in the great majority of cases, the temperature runs higher than this.

The course of the temperature when at its height indicates, as I have said, not only the severity of the attack, but also helps us likewise to distinguish its duration. If the temperature is high, and the daily variations are slight or non-existent, a severe attack threatens, sure to persist longer than a case with considerable daily falls in the temperature. The information thus obtained, is especially instructive in typhoid fever, for if during the second week there are daily great variations, we have reason to hope that the disease may terminate, possibly on the fifteenth, though more probably on the twentieth day; but if during the second week the daily variations are but slight, then the fever will probably last twenty-five or thirty days.

When the temperature has remained persistently high, the occurrence of morning falls shows the beginning of the decline of the disease.

The duration of the fever helps us to detect the nature of the disease; and indeed, in obscure cases, it often greatly aids the diagnosis. In most inflammations, in scarlet fever, in measles, the fever usually passes away by the fifth or tenth day, and in typhus on the fourteenth or fifteenth day. If the fever persists beyond this time it is fair to conclude that we have not to deal with one of these diseases; but as, in the majority of instances, they are easily diagnosed early in their course, it is evident that in such cases the duration of the fever is of little practical use; but by enabling us to discriminate between typhoid and tuberculosis and between the diseases causing chronic fever, the duration of the fever does give us very trustworthy and important evidence.

In some cases of typhoid fever, the symptoms are not sufficiently marked to enable the doctor to decide whether the case is one of typhoid fever, tuberculosis, or phthisis. If the fever goes on beyond thirty days then probably the patient suffers from consumption; and each additional day of fever strengthens this conclusion. In most cases of phthisis, before the thirtieth day, the lungs or other organs will, it is true, generally manifest the nature of the illness; but not unfrequently the fever of consumption may persist thirty days or more without the concurrence of any characteristic physical signs or symptoms of its existence. When I come to speak of chronic fever I shall point out with more particularity that sometimes the thermometer will enable us to detect consumption earlier than by the combined aid of the symptoms and the physical signs.

Any sudden and considerable temperature variation generally forebodes some complication; and a sudden and considerable rise, always. A sudden and considerable fall may, of course, indicate the

natural termination of the attack, for in many diseases, the temperature falls very rapidly; in pneumonia notably, it is not uncommon for the temperature in twelve hours to subside from 105° to the normal standard.

A sudden and marked rise in the course of a disease foretells the onset of some inflammatory complication. On the other hand, it is important to bear in mind that an inflammatory onset, interposed in the course of a febrile disease, may not heighten the existing temperature; hence the fact of the temperature running the ordinary course pertaining to the original attack, does not preclude the necessity for close watching, lest an inflammatory complication should supervene. Thus, an attack of pneumonia or of pleurisy may leave the temperature of pre-existing fever unaffected. It is important to recollect that, as a rule, the onset of pericarditis in acute rheumatism does not increase the fever. This is hardly to be wondered at, seeing that when a fresh joint becomes implicated, the temperature does not alter. and inflammation of the pericardium may be regarded as analogous to inflammation of a joint.

A sudden and considerable fall, if not due to the natural termination of the illness, means sudden collapse. It is oftenest met with in typhoid fever, and it means hæmorrhage into the bowels, or perforation of the intestine. It must, however, be recollected that each week in typhoid fever a great morning fall often occurs. A fall equal to that, due to hæmorrhage or perforation, may occur at any time, but the fall with these accidents is more persistent, and is always accompanied by the symptoms of collapse. A sudden great fall with collapse, and without tenderness of the abdomen, is always very ominous of hæmorrhage into the bowel. This hæmorrhage, though considerable, may yet be retained for some hours in the intestines.

CHRONIC FEVER.

In some diseases fever may persist for weeks or months, and by its very duration help the diagnosis. It is true that in most cases, whilst the fever has lasted only a short time, perhaps only a few days, the other symptoms reveal the nature of the disease; but not unfrequently the nature of the malady remains for a long time obscure, and then the persistence of the fever is an important help to the diagnosis.

Between acute and chronic fever there is no sharp line of demarcation. Certain acute diseases, for instance, typhoid fever and pleurisy, may each run more than thirty days; whilst, on the other hand, febrile diseases, like deep-seated abscesses and consumption, which

often continue several weeks or months, or even longer, may run a short course of only a fortnight or three weeks.

Since most acute illnesses, even typhoid fever and pleurisy, which persist longer than others, come to an end in the great majority of cases, before the thirtieth day, we may take that as the limit of acute fever.

Chronic fever occurs in phthisis, abscess, syphilis, ague, rheumatism, in most cases of leucocythæmia, lymphadinosis, pernicious anæmia, and chronic pyæmia, including malignant endocarditis.

As in acute diseases, so in acute and subacute phthisis, the temperature is a fairly accurate measure of the activity of the disease. In other words, there occurs a daily elevation of the temperature of the body in most cases in which a formation of tubercle is taking place in any of its organs. This elevation is an index of the activity of the disease; the fluctuations of temperature indicating corresponding fluctuations in the rate of the disease.

One exception, however, I must mention to the above general rule. In tubercular meningitis, it is by no means uncommon, though certainly it is not the rule, for the temperature to remain normal throughout the course of the attack; or at all events during most of its later stages. In some cases, for a short period, the temperature is slightly elevated, and then becomes natural, or falls even below the normal point. In by far the greater number of instances the temperature is elevated, sometimes, indeed, mounting to 105° to 108° Fah.

It has been asserted that, during acute miliary tuberculosis of the lungs, the temperature, in rare instances, may remain normal. With regard to this statement, I believe that the deposit of tubercle has gone on by very slight and scarcely appreciable increments; or has become obsolescent at the time the temperature was first taken, so that the fever stage was overlooked. It must be admitted that, in some very chronic cases of phthisis, pneumonia, the disease advances too slowly, and the deposit, at any one time, is too slight to be adequate to elevate the temperature unless to a very small extent.

Thus, we meet with cases in which, some time before death, the temperature was always natural, yet the post-mortem examination reveals much fibroid degeneration from old standing tubercle or catarrhal pneumonia; and adjacent to the fibroid portions, in the otherwise healthy lung tissue, we see a few recent miliary tubercles, easily counted, or a few small patches of recent tubercular pneumonia. Indeed, in these diseases, we meet with every degree of activity, to which the temperature corresponds. In some cases the disease advances so slowly that the temperature is scarcely raised, and we should naturally expect so very slight an amount of morbid action would be insufficient to raise the temperature appreciably. Where there is no elevation of the temperature, we may conclude that the

progress of the disease is almost insignificant; although the patient is exposed to the lurking danger that, from some slight cause, this comparatively harmless condition may be aggravated into a severe and dangerous attack.

The apparent exceptions to this statement can, I think, be explained in this way:—

With phthisis, as with other causes of chronic fever where the disease goes on but slowly, it must be borne in mind that the fever may last only a few hours in the day, sometimes not more than three or four, sometimes only in the middle of the day, so that a morning and evening observation may miss the fever, and may lead to the erroneous conclusion that the patient was fever-free.

Another source of error arises from the mode of taking the temperature. Phthisical patients are often very thin, and hence the bulb of the thermometer, when placed in the axilla, instead of being embraced all round by the tissues, lies half exposed in a hollow cavity, and never acquires the temperature of the body. This source of error is, moreover, often coupled with another. When the patient is perhaps dressed, or has had his arms out of bed, and his axilla has become cooled, it would take half an hour or an hour before the skin of the exposed parts would recover its lost heat so as to mark the temperature of the body. Over and over again, in hospital practice, I have been told that the temperature was normal, or even below normal, but on taking the temperature under the tongue, or in the rectum, have found the patient suffering from several degrees of fever.

In some cases, it must be admitted, there appears to be a disproportion between the progress of the disease and the temperature. This disproportion occurs, I believe, only in cases of long standing, and when the disease has lasted a considerable time, perhaps it produces less elevation than at first, the patient becoming accustomed to the disease, and, as in the case of medicines, it produces less constitutional effect. As the result of my experience, I am inclined to think that the same amount of disease in middle-aged and in elderly people produces less fever than in the young, and that less fever is produced towards the end of the disease, when the patient's powers are greatly depressed.

The temperature is a more accurate indication of the activity of tuberculosis or of catarrhal pneumonia, than either the physical signs or the other symptoms. Thus, only a considerable increase in the amount of disease can be detected by physical signs; and in disseminated tuberculosis, where the granulations are pretty equally scattered throughout the lungs, and, indeed, often through most of the organs of the body, there may be entire absence of physical signs. Thus, it is apparent that the physical signs, even in very acute cases, only give us evidence of the continuance of the disease after the

lapse of a considerable interval: whilst it has been shown that in almost all cases there is an elevation of temperature during the formation of tubercle, and that this elevation being proportionate to the activity of the disease, the thermometer will, unerringly at any time, point out the continuance and the amount of disease, except, indeed, in those very chronic cases where the amount of tuberculization or of catarrhal pneumonia is slight and almost insignificant. When it is thus borne in mind that only considerable deposits in the lungs can be detected by physical signs, while even a small amount will raise the temperature even considerably for some time, it becomes evident that the thermometer will give a far better estimate of the amount of mischief than the physical signs. Moreover, after the cessation of tuberculosis or catarrhal pneumonia, consolidation from the fibroid lung remains, and from the physical signs it is impossible to tell the condition of such a lung, to tell whether disease is progressing or not: the temperature will answer the question for us. If the temperature is natural at all periods of the day, we may safely conclude after a few days that active disease has very nearly or entirely ceased.

It must be recollected that the fever is a measure of the *increase* of the tuberculization, not of the damage already done. Thus the disease may cease to extend and the temperature become normal; but the extensive consolidation of the lung may begin, and continue to soften and lead to cavities. Hence, because the fever ceases, and the formation of fresh tubercle of catarrhal pneumonia ceases, we must not conclude that the patient is free from danger, for the softening and suppuration may lead to fatal exhaustion.

Observation of the temperature often saves us from error, and enables us to form a correct judgment of the true condition of the patient. A patient with only a moderate amount of fever, say 102° to 103°, lasting only a part of the day, has been losing weight and growing weaker. She goes to the country, her appetite and assimilative powers increase, she grows much heavier and stronger, and regains much of her lost colour. On a physical examination of the chest, we detect no increase in the physical signs, but during the whole time the temperature has risen to its accustomed height, 102° to 103°, showing that the disease still progresses, but that the improved appetite has more than obviated the waste from the fever. In other words, nutrition is in excess of waste.

On the other hand, we must be careful not to pay too much heed to the temperature, nor to build our prognosis entirely on it. For it often happens that there is a marked disproportion between the general symptoms and the degree of tuberculization. A patient, with very slow progressive phthisis and moderate fever, associated with the very slight physical signs which develop slowly, has a flagging appetite, and he quickly wastes; or sometimes a good appetite, but

assimilation is at fault, and so, in spite of plenty of nourishment, he progressively grows thinner and thinner. Therefore, we must regard not only the temperature as a measure of the progress of the tuberculization, but must likewise take into consideration the patient's appetite and weight, the occurrence of complication, as diarrhœa from ulceration of the intestines, the presence of albumen in the urine from fatty kidney, and whether albuminoid degeneration has implicated the liver, spleen, or kidneys. Fibroid phthisis remains now to be considered. Tubercle, behaving as an irritant, induces increase of the connective tissue with formation of fibroid bands, which cause the lung to become tough and fibrous. This condition of lung often co-exists with progressive formation of tubercle. When the further progress of these two diseases is stayed this fibroid condition is left. This is the most common cause of a fibroid lung, but it may originate in a different way. The temperature in fibroid phthisis varies. In some cases it is quite natural, or if the health is much depressed, it is even below normal. In those cases which go on to cure it is natural. The walls of the cavities become dry, rhonchus and expectoration cease, the cavities slowly contract, and the patient recovers health and strength; but the induration, very obvious on a physical examination, still remains. Now in a case like this, the temperature often becomes of the greatest importance. A patient presents himself with a history of a previous attack of phthisis. We find marked evidences of consolidation of the apices of the lungs. The patient's health is good, his appetite and digestion vigorous. Are these physical signs simply due to his previous illness, or is the phthisis progressing? If his temperature remains for several days quite normal, we may conclude either that there is no progressive tuberculization, or that it is very small in amount; as we shall shortly see, there may be probably a slight amount of catarrhal pneumonia, without a rise of temperature.

In other cases of fibroid phthisis, even when the formation of tubercle has ceased, we may have a slight daily rise in the temperature to 100° or even 101°, due to the suppuration in the cavities. This suppuration can, of course, raise the temperature just like suppuration in an open discharging psoas, or other discharging abscess.

The persistence of a slight amount of fever does not, therefore, conclusively prove the continuance of the tuberculization. Nor, on the other hand, I think, can we possibly say that whilst the temperature is normal the tuberculization may not be in a very slow degree extending. Clinical experience shows us that a very small formation of tubercle or of catarrhal pneumonia may occur without a rise of temperature.

We very often meet with mixed cases, where the upper part of the lung has become fibroid, whilst active disease goes on in the lower part. In cases like this the temperature is raised in proportion to

the activity of the acute disease. If the disease progresses slowly, and raises the temperature to only 100° to 101° Fah., it is difficult to determine whether the fever indicates an extension of the tuberculization, or of catarrhal pneumonia, or is due to suppuration in the cavities.

As in acute phthisis, so in chronic, with fibroid lung, we must be careful not to pay sole regard to the temperature. Thus the formation of tubercle ceases, and the temperature becomes normal; but before this comes to pass the health may become damaged beyond recovery, or the kidneys may become seriously implicated, or through lack of appetite and digestive power the patient may waste away and die; or the uncertain weather incidental to this country may irritate the cavities and keep up continuous suppuration, which drains away, exhausts the strength, and destroys the patient by producing widespread albuminoid degeneration.

Therefore, in a case of fever-free phthisis, we must take into consideration the general condition as well as the temperature. When appetite, digestion, and assimilation are good, then the patient quickly regains strength and health. Therefore, in forming an opinion of a case, we must regard the temperature, the appetite, and the weight.

The temperature in phthisis affords us still further guidance. A patient throws up a large quantity of blood from the lungs, and the grave questions arise,—is the hæmorrhage due to the congestion which accompanies acute phthisis? or is it independent of phthisis? If the temperature is normal we may at once exclude acute phthisis; and if the temperature remains normal we conclude that the hæmoptysis has not excited catarrhal pneumonia. Again, a patient having recovered from a previous attack of phthisis, which has left well-marked physical signs, spits a little blood. Does this show that he is again the subject of progressive phthisis, or is the bleeding due to ulceration of the walls of an old cavity? Here the temperature, if normal, and continuing normal, enables us to conclude that the hæmoptysis does not depend on another attack of phthisis.

The thermometer, in many cases, is of still more signal service in giving early and significant warning. By its aid we can often diagnose phthisis, before we can detect any physical signs, and at a period when symptoms themselves are insufficient to justify a grave diagnosis. A patient suffers from chronic fever. What is the cause of it? So far as we at present know, chronic fever occurs only in tuberculosis, catarrhal pneumonia, large abscesses, rheumatism, ague occasionally in syphilis, in some cases of leucocythæmia, in lymphadenoma, and in pernicious anæmia and chronic pyæmia. The diagnosis of ague and rheumatism is rarely difficult, the charactistic symptoms in most cases rendering their identification quite easy. Large superficial abscesses present no difficulty, but it may not be so

easy to detect deep-seated abscesses; and in some cases the diagnosis is for a considerable time impossible. As a rule, however, they give more or less pain, often to a considerable degree, in the neighbourhood of the abscess or over the spine; moreover, a tumour is generally detectable after the fever, if at all high, has lasted a few weeks. Local symptoms, too, as pain on movement, stiffness, lameness, &c., will, in most cases, point out the nature of the disease. Sometimes, however, deep-seated abdominal abscesses run a much more chronic course, the temperature assuming then the character so common in fibroid lung; thus the temperature rises to 101°, even perhaps to 102°, and daily mounts to this height for a few days, then becomes natural for a variable time; but some cause, as over-exercise, once more excites the fever, and the temperature again stands high for a week, a fortnight, or longer. It is very often very difficult to determine the nature of the disease, so as to exclude phthisis. True, there are no pulmonary physical signs, but these may be absent in phthisis, while the local symptoms may be too few to justify the diagnosis of abscess. Having but a limited experience of deep-seated subacute abscesses I would wish the following remarks to be accepted with caution. In general there is pain in the abdomen, not constant, but brought on by slight walking; sometimes there are marked dyspeptic symptoms, amongst which flatulence predominates. A slight daily rise of temperature continued for a considerable time, or running the irregular course just described, if accompanied by deep pain and tenderness in the abdomen, the lungs being free from evidences of disease, will, I am inclined to believe, justify the suspicion of a deep-seated subacute abscess. These rules at all events have enabled me to diagnose doubtful abscesses, when, unaided by the thermometer, their detection seemed impossible. I lean to the belief that, with these abdominal abscesses, the fever-free periods not unusually persist longer than in subacute phthisis; moveover, the rise can sometimes be traced distinctly and repeatedly to exercise, a bout of fever, accompanied by an increase in the other symptoms, occurring after each undue exertion. When an abdominal tumour is detectable by the hand, or when there are evidences of diseased spine, then, of course, the diagnosis is far more easy.

Again, a large discharging sore, or a discharging psoas, or iliac abscess frequently produces a course of fever like that described under subacute and chronic phthisis. In some cases there is a slight daily elevation lasting for months, in other cases the abnormal temperature continues for only a few days, or lasts one or two weeks, and then for a short time falls again, and this alternation may be repeated for a considerable time. Here the diagnosis is easy, for there is a discharging sore, with absence of pectoral physical signs or symptoms.

In cases of constitutional syphilis with chronic fever the diagnosis

in many cases is more difficult, and, unfortunately, little of this subject is known at present. The temperature may be high, rising to 103° and 104° Fah. daily; the morning remissions are usually great, the temperature often falling to 98°. In these respects syphilitic fever corresponds to moderately severe cases of phthisical fever, but distinct and easily recognizable constitutional symptoms generally set in concurrently with the fever. The disease may assume the rheumatic form; and thus the diagnostic difficulty will lie, not between phthisis and syphilis, but between simple acute rheumatism and syphilis. In some cases the diagnosis has seemed impossible until, on the administration of iodide of potassium, the temperature at once became normal, or declined gradually, reaching the temperature of health in one or two weeks. Very large doses may be required.

In syphilitic affection of the lung, the diagnosis may be impossible, though other manifestations of syphilis may suggest the correct diagnosis, which becomes confirmed on the rapid improvement produced by large doses of potassium (iodide).

Assuming the exclusion of the foregoing causes of fever, the question arises—How long must the elevation of temperature persist before we can with probability suspect phthisis, in cases free from physical signs or characteristic symptoms, as, for instance, hæmoptysis? From ten to twenty days, I think; each day facilitating and strengthening the diagnosis. In the first few days the diagnosis is well nigh impossible, but each successive day serves to exclude sources of error. Thus, on the second day, if the rise is due to scarlet fever, its characteristic rash ought to appear; if due to small-pox, the rash should appear on the third day; if in measles, about the fourth; and in typhus, on the fifth day. Before this time, if the rise is due to acute inflammation of the brain, lungs, kidneys, &c., characteristic symptoms and physical signs will have set in. In most cases of typhoid fever the rose spots will appear between the eighth and tenth day; and at this stage we may exclude most cases of simple inflammation, which usually decline before the tenth day, when the fever ceases. Thus, on the tenth day, or thereabouts, assuming, as we have said, the exclusion of the other causes of chronic fever, the diagnosis lies between tuberculosis and typhoid fever. In the early stages the discrimination of one from the other is difficult, and may indeed be impossible. Each begins gradually, and is not usually ushered in with chills, convulsions, or rigors; nor have we ordinarily to assist our judgment, distinctive symptoms, like the back and headache of small-pox, the sore-throat of scarlet fever, the coryza and cough in measles, before the advent of the characteristic rashes. It is true that in the beginning of many cases of typhoid fever, before the appearance of the rash, there is diarrhœa and headache; but though these symptoms point strongly to typhoid

fever, yet they may be present at the commencement of acute tuberculosis. Moreover, diarrhœa and even headache may be absent in typhoid fever. But by the tenth or the fifteenth day the diagnosis in most cases becomes easy; still it must be admitted that now and then we encounter perplexing cases of typhoid fever, which render the diagnosis between it and tuberculosis or catarrhal pneumonia doubtful for a much longer time; the thirtieth day once passed, should the disease have remained so long undetermined, it is in all probability not typhoid fever, for this usually ceases either before or at this time. Yet it is well known that typhoid fever occasionally lasts six weeks, or longer. In children, the diagnosis between typhoid fever and acute miliary tuberculosis is often extremely difficult, the symptoms of typhoid being in some cases so ill-defined that many good observers refuse to consider them to denote typhoid fever, and call them simple continued fever of children. Many of these cases are probably cases of acute tuberculosis, the deposit ceasing, and the tubercles becoming obsolescent and harmless. Of course the diagnosis is difficult only when, in acute miliary tuberculosis and catarrhal pneumonia, there are neither physical signs nor characteristic symptoms.

Again, after typhoid fever, a period of fever may set in lasting six weeks or two months, the temperature becoming almost natural, then daily rising higher and higher to 101°, 102°, even 103°, and after about four or five days again gradually falling, this course being often repeated. Occurring after typhoid fever, such a temperature does not show lung disease. This condition may co-exist with a clean tongue, increase of appetite and weight, and a steady amendment of the health.

It thus appears that the temperature alone may enable us to diagnose phthisis, in cases where the physical signs and symptoms are absent, or are too indefinite to assist the diagnosis.

The following typical instances illustrate the usefulness of the thermometer in doubtful cases of phthisis :—

A patient is taken rather suddenly ill. His face is flushed, eyes bright, pulse quick. The temperature is very high. There is no headache, no delirium, no diarrhœa. So weak is he that he stays in bed. At the end of ten or fifteen days he remains much in the same plight, but has grown weaker. His tongue has become dry. There are no typhoid spots, no diarrhœa, and the stomach is not distended. He has neither cough nor expectoration, and there are no physical signs in the chest. For a month or five weeks he continues in the same state, when distinct physical signs at the apices of the lungs appear, accompanied by expectoration, and possibly slight hæmoptysis. Soon he begins to improve, the fever grows daily less severe, his tongue becomes clean, appetite slowly returns, cough diminishes, and at last both cough and expectoration cease. All moist chest sounds disappear, and at the expiration of about two months the tempera-

ture becomes natural, strength returns, his weight increases, although he will always carry evidences of consolidation at the apices of his lungs.

A woman between thirty and thirty-five years of age, fails slightly in health, complains of slight weakness, is soon tired, but is never ill enough to be confined to bed. Her appetite is rather bad. There is a trifling cough, and perhaps on one or two occasions the expectoration of a slight streak of bright-coloured blood, so slight and so seldom repeated that it is hoped the blood may have come from the mouth or throat. There may be a strong family predisposition to phthisis. No physical signs are apparent; yet the temperature, rising nightly to 101° or 102° Fah., declares the true nature of the disease, which, perhaps, in the course of some months, decided physical signs render too evident. How important is it to detect this early and slight stage of the disease!

By means of the temperature we can diagnose tuberculosis, even when during the whole course of the disease there are no physical signs indicative of tubercular deposit in any of the organs of the body, and when the symptoms are quite inadequate to enable us to form such a diagnosis. Thus, we commonly meet with cases of acute miliary tuberculosis in children, where, throughout the whole course of the disease, the only guiding symptom is preternatural heat of the body, except, perhaps, a small amount of sonorous or sub-mucous rhonchus, and yet after death most of the organs of the body are found studded with miliary tubercles. Again, we occasionally meet with patients, generally among children ten or twelve years old, who complain of pain in the head, and whose manner is peculiar, being semi-idiotic, in whom the temperature daily rises considerably for weeks or months, and after death small masses of yellow tubercle, the size of a large pea or bean, are found embedded in the substance of the brain, with sometimes miliary tubercles scattered through the thoracic and abdominal organs.

ON DROPSY.

In health, nutritive plasma escapes from the blood-vessels into the adjacent tissues, and is afterwards absorbed by the lymphatics and veins. This transfusion and absorption counterbalance each other, and hence only a moderate amount of fluid is found in the parenchymatous tissues. But if a disturbance arises in the balance between these two processes, the parenchymatous fluid increases, producing dropsy, or anasarca, a condition due either to too large a quantity of fluid transfusing through the blood-vessels, or to deficient absorp-

tion. Nutritive plasma passes from the blood-vessels by filtration, diffusion, or secretive attraction of the tissues for the fluid in the blood. Dropsy never probably happens through increased attraction of the tissues for the plasma, but generally on filtration. The amount of fluid escaping from the tissues by filtration depends on the difference between the pressure of fluid in the blood-vessels and in the parenchymatous tissues. In health the pressure of the fluid in the blood-vessels is higher than that of the fluid outside the capillaries, and hence a constant current of nutritive plasma flows through the blood-vessels to the tissues outside them.

Most cases of general dropsy depend on hydræmia, and this is produced by diminished action of the kidneys, whereby the urine is greatly diminished in quantity, whilst the patient takes the same quantity of liquid into the system; hence the excess of ingestion over that eliminated through the kidneys accumulates in the blood, and produces hydræmia, and, as Bartels has pointed out, the amount of dropsy is for the most part in proportion to the diminution of urine. The inaction of the kidneys may be produced in three ways —by disease of the kidneys, as Bright's disease, especially the acute and fatty kind; by diminished arterial pressure in the glomeruli from general diminution of arterial pressure depending on heart disease; and on retardation of the circulation through the kidneys from venous congestion due to tricuspid regurgitation.

In those forms of Bright's disease, the fibroid or the albuminoid, where the quantity of urine is normal or even excessive, there is no dropsy, whilst in the acutely inflamed or fatty kidney, in both of which diseases the quantity of urine is often greatly lessened, the dropsy is often marked, and almost always occurs when the quantity of urine is notably diminished, whilst it is absent in those cases where the secretion of urine is free.

In all valvular affections of the heart, and in a weak heart, less blood is propelled into the arterial system, and consequently arterial tension is lowered. This is the result of emphysema, which hinders the passage of blood through the lungs. It is the result of mitral and of aortic affections. To overcome the obstruction the heart undergoes compensatory hypertrophy, and if this is perfect then arterial tension is kept up, but if this is imperfect, or if the left ventricle after hypertrophy undergoes degeneration, then arterial tension immediately falls in the glomeruli as well as in the body generally. Now the amount of water that filters through the walls of the vessels in the glomeruli depends on the difference of lateral pressure inside and outside the blood-vessels. If arterial tension is much reduced, then less water filters through the vessels, and the water accumulates in the blood.

But the quantity of urine depends not only on the degree of arterial tension in the vessels of the glomeruli, but also on the

rapidity of the circulation through the kidneys. If arterial tension is lowered then the rate of circulation is reduced. But general venous congestion from tricuspid regurgitation also lessens the rate of the circulation; hence tricuspid regurgitation in this way tends to lessen the secretion of urine and so to produce hydræmia. How does hydræmia produce dropsy? The question cannot at present be satisfactorily answered, but it is often assumed that the volume of the blood being increased arterial pressure is augmented, hence more serous fluid filters into the parenchyma, and filtration is easier from watery than normal blood. Cohnheim finds that injecting water into the vessels of a dog will not cause dropsy unless the vessels themselves become altered, and he concludes that in anæmia and hydræmia the vascular walls undergo change and so favour the escape of fluid into the connective tissue.

Dropsy then is in proportion to the amount of hydræmia, and the amount of water in the blood is generally dependent on the action of the kidneys. We meet, however, with cases that at first sight appear exceptions to this statement, for we see patients troubled with extensive and progressive dropsy who pass two, three, or even four pints of urine daily; but it will generally be found that these patients are troubled with great thirst, and drink far more than they void through the kidneys or skin, and the excess of their drink over the quantity of urine accumulates in the blood, causing hydræmia and dropsy.

Are we right, however, in asserting with some writers that mere venous obstruction cannot cause though it may favour dropsy, but that without some affection of the nervous system dropsy will not occur? Thus, the ascending vena cava in dogs has been tied without producing dropsy of the posterior limbs, but on cutting the nerves of the sciatic plexus, dropsy came on immediately; and as the division of the nerves inside the spinal canal (that is before the vaso-motor nerves join them) does not produce dropsy, it is concluded that paralysis of the vaso-motor nerves is the cause of dropsy (Ranvier). Clinical facts, however, certainly prove that mere venous obstruction will cause dropsy. Cirrhosis of the liver, or a tumour pressing on the vena portæ, or coagulation in the vein as it enters the liver, will produce ascites. Are we to conclude that these diseases, paralyze the vaso-motor nerves of the abdominal blood-vessels? I think, then, we must admit that mere venous congestion may cause dropsy, but that paralysis of the vaso-motor nerves greatly favours dropsy.

Is the venous congestion consequent on tricuspid regurgitation sufficient to cause dropsy, or is the dropsy chiefly due to hydræmia? Chiefly to hydræmia, for we meet with cases of extreme tricuspid regurgitation, with full pulsating jugulars, much lividity and dyspnœa, and yet no dropsy, and it is found these patients pass a normal

quantity of urine; but when the urine diminishes, dropsy sets in, and in proportion to the scantiness of the urine. Still, no doubt venous congestion from tricuspid regurgitation favours dropsy in other ways than by causing hydræmia, for distension of the right side of the heart, with general venous obstruction, must lessen absorption by the veins and lymphatics, and in this way cause the parenchymatous fluid to accumulate.

Remedies may remove dropsy:—(i.) By diminishing lateral pressure on the walls of the blood-vessels, and so lessening transfusion from the blood-vessels. (ii.) Increasing absorption. (iii.) Both ways combined. (iv.) By increasing the lateral pressure in the blood-vessels of the glomeruli, and so increasing the quantity of urine. (v.) By removing those diseased conditions of the kidneys which hinder their secretion.

Digitalis affords a good example of a remedy acting through several of the foregoing methods. By its action on the diseased heart it obviates the effect of mitral disease; hence more blood is sent into the aorta. Arterial pressure is thus raised in all the organs, and amongst other parts in the glomeruli of the kidneys, hence more urine is secreted, the blood is purged of its excess of water, and the dropsy thus becomes absorbed into the circulation, and quickly eliminated through the kidneys. But it also acts in other ways. By obviating tricuspid regurgitation, through its influence on the left side of the heart, digitalis lessens or removes passive congestion, diminishes blood-pressure, and consequently filtration, reduces the amount of transfusion from the blood-vessel, and prevents further development of the dropsy. By obviating venous obstruction it removes lymphatic obstruction, and thus favours absorption by the lymphatics; hence the excess of parenchymatous fluids is taken up by these vessels. Moreover, if there is much dropsy, on removing the congestion, the pressure of the fluids outside the blood-vessels very probably becomes greater than the pressure in the vessels, hence the fluids will flow into the blood-vessels. The water in the tissues is then brought back into the circulation, and eliminated by the kidneys. But digitalis also by its indirect influence acts on the kidneys. During tricuspid regurgitation the kidneys become congested, hampered, and inactive. Removing general congestion by its effects on the heart, digitalis relieves the kidneys, and allows them to return to their natural state, and hence they quickly eliminate the excess of water in the blood, due to the absorption of the dropsical fluid. When all the water has been absorbed from the tissues into the blood, and eliminated by the kidneys, digitalis no longer causes an excessive flow of urine, as would happen if it acted directly on the kidneys.

It may be urged that we have regarded the dropsy of tricuspid regurgitation as in part due to heightened vascular tension through the great venous congestion, and that if digitalis increases arterial

tension it should increase rather than diminish the dropsy; but it must be borne in mind that digitalis removes the tricuspid regurgitation and venous congestion by the same means that it causes more blood to be sent into the arterial system, and so heightens arterial tension.

There is another form of dropsy needing description, that due to anæmia. After severe loss of blood, or exhausting drains of albuminous fluid, as in diarrhœa or chronic dysentery, a patient often becomes very dropsical. A small amount of dropsy at the ankles also is common in other forms of anæmia, as in chlorosis. How is this dropsy produced? It cannot be explained satisfactorily by ascribing it to hydræmia; for though the water is relatively increased to the amount of albumen and corpuscles, the total volume of the blood is diminished by hæmorrhage, and there cannot, therefore, occur increased lateral pressure from increased volume of the blood, as occurs when water is retained in the system from diminished excretion from the kidneys; an increased pressure leading to increased transfusion through the capillaries into the parenchyma.

If not due, then, to an absolute excess of water increasing the total amount of blood, how is the dropsy explained? Is it due to the deficiency of red corpuscles or of albumen? It is not due to deficiency of the red corpuscles; for in chlorosis, where the red corpuscles are greatly diminished whilst the amount of albumen remains much the same, very little or no dropsy occurs, and it is in those cases only when the blood is greatly drained of albumen that extensive dropsy ensues. From Cohnheim's experiments it is assumed that in anæmia the vessels undergo change and permit fluid more easily to transude through the vessels.

THE EFFECTS OF COLD ON THE BODY.

Before treating separately of the various kinds of cold baths I think it will save repetition, and prove otherwise useful, to make some preliminary remarks on the effects of cold on the human body. These effects are various; according to the way cold is employed, cold is a refrigerator, an anæsthetic, a tonic, an excitant, or a depressant. Cold applied to the surface of the body, either as the douche or cold bath, affects the system through its influence on the nerves, reflected on the skin or to distant parts, and by abstracting heat.

The application of cold withdraws heat from the body, and cools both the superficial and deep parts. The general cold bath will produce a very considerable reduction of the heat of the surface to the extent even of 10° Fah. in the trunk, and even considerably lower in the extremities. The general cold bath might be supposed capable

of reducing the heat of the body's surface for a considerable time; this, however, is not the case, for the skin of the trunk speedily becomes warm again, although for some hours afterwards the extremities may remain cold, and the temperature in the axilla almost recovers itself in a few minutes, although the bather may have been immersed half an hour, or longer, in water at a temperature of 60°.

Of course, it is not here maintained that heat is not abstracted from the body; but, as will be shown in another place, the loss is so rapidly restored that the cold bath will not depress the skin's temperature in a healthy person for any notable time.

Cold sponging, so often employed in fevers with such evident relief, exerts a very slight and transient influence on the heat of the body, as may be ascertained by aid of the thermometer; hence the sense of comfort derived from the sponging cannot be ascribed wholly, or hardly in part, to its refrigerating influence. This relief may be due to the removal of impurities which perhaps irritate the skin, or annoy by their odour, and by mitigating the parched condition of the surface; for a skin both hot and dry is a source of much greater discomfort than a moist though even hotter skin. Sponging with tepid water, so as to restore moisture to the parched skin, gives marked comfort to the patient.

The foregoing remarks apply only to the surface of the body; but the general cold bath will likewise reduce the temperature of the internal organs. This reduction, never very great, is restored to the deep even more quickly than to the superficial parts; so that, as might be inferred, the general cold bath is still less efficient as a refrigerator of the internal than of the superficial organs. In fever-free persons, therefore, the general cold bath must rank very low as a refrigerator.

It is, however, otherwise with the body of a patient whose temperature is unnaturally raised with fever. The immersion of fever-stricken patients in the cold bath, or packing them with the cold sheet, will produce a considerable and durable lowering of the temperature. Whether this reduction is effected by abstraction of heat, or by preventing its unnatural formation, it is impossible at present to decide.

The application of cold, partly by its topical action, but chiefly through the vaso-motor system, first contracts the blood-vessels of the skin, which on discontinuing the cold dilate, and the surface becomes redder, warmer, and glowing. Moreover the vessels of distant and internal parts are similarly affected, as experiments have shown in the case of the mesentery and the membranes of the brain (Schüller, Frank). Winternitz maintains that he has experimentally proved that it is possible to control the effect of cold and direct and localize its influence; he finds that cold applied to the foot affects chiefly the

inter-cranial circulation; cold to the thigh, the pulmonary circulation; and cold to the back, the circulation of the pituitary region.

The moderate and brief application of cold not only heightens arterial tension, but likewise increases the frequency of the heart's action, and if this practice is continued daily, it increases the corpuscular richness of the blood, and the hæmoglobin of the corpuscles, and it removes anæmia.

Cold, when judiciously employed, is well known to be a powerful tonic. A cold climate and cold bathing are tonic and bracing. The theory of the tonic action of cold may perhaps be stated thus:— During exposure to cold, the body's loss of heat, as tested by the thermometer, is by no means a measure of the quantity withdrawn. Many observers have shown that at such times increased combustion occurs, whereby much of the lost heat is compensated, and the temperature is maintained or soon restored. This increased oxidation of the tissues is demonstrated by the greatly increased quantity of carbonic acid thrown off by the lungs on exposure to cold. Now the most vigorous health is maintained by a rapid construction and destruction of tissue, within certain bounds, provided these two processes are fairly balanced. On exposure to cold, the lungs absorb more oxygen, the tissues are more rapidly and freely oxidized, and thus the processes of destruction and reparation go on in larger measure. How is this effected?

In the process of nutrition, apart from the nerves, we have three factors, the nutritive plasma, the tissues, and oxygen. When food is taken, digested, and introduced into the blood, both formation and destruction of the nitrogenous tissues begin, formation being limited by destruction; and when the destruction of tissues ceases, the further assimilation of the nutritive materials of the blood comes likewise to an end. These destructive changes take place in proportion to the amount of oxygen absorbed, and when this gas is exhausted, many products of destruction remain only partially oxidized, further tissue disintegration ceases, and assimilation is suspended. (Parkes.)

Under exposure to cold, oxygen being abundantly absorbed, the effete products in the blood are first consumed, thus purifying the blood and rendering it fit to nourish the body; next, by its consuming action on the tissues, oxygen promotes the cycle of changes just described, food is taken and assimilated, and the destruction and construction of the tissues rapidly go on, so creating great physical vigour. Thus it is that cold climates are invigorating.

Applied locally, cold may act as a tonic (see Douche); but if too long continued, or excessively, it depresses; for, by contracting the vessels too sharply or too continuously, it lessens the supply of blood to the tissues, and thereby diminishes their cell-growth and tissue change. Intense cold, applied for some minutes, will abolish sensa-

tion, and in this way becomes an anæsthetic; and, if the cold is too long continued, the part will die and become gangrenous.

The sudden partial application of cold may act reflexly as an excitant.—A cold hand applied to the abdomen excites contractions in the parturient womb. Cold water smartly sprinkled on the face of a swooning person is a familiar way of restoring consciousness. The same treatment will help to establish breathing in weak or apparently still-born children, or to recover persons over-dosed with chloroform, or narcotized with opium or tipple.

The local application of cold may affect deep-seated vessels reflexly. Rossboch finds in his experiments on animals that the application of an ice-bag to the skin, as on the abdomen, affects the vessels of the trachea, the mucous membrane becoming first pale, followed soon after by a slight redness, passing later into a blue-red tint, when a copious watery secretion ensues. Here, then, we have an instance of the induction of venous congestion by the local application of cold, and, as Brunton remarks, these experiments explain "how readily a draught of cold air on some part of the body may cause inflammation of the respiratory organs."

Experiments on cold-blooded animals show how greatly temperature modifies the action of drugs on voluntary and cardiac muscle, on motor and secretory nerves, on the spinal cord, and probably on all tissues. As a rule poisons act more energetically on frogs in hot than in cold weather, a dose sufficient to produce great effect in hot weather being inoperative in cold. Brunton finds that great heat or great cold prevent the action of veratria on voluntary muscle; and I find heat greatly increases the susceptibility of the heart and muscle to veratria and modifies its action.

Luchsinger shows that temperature influences the motor nerves, for he finds that extremes of temperature abolish the action of guanidine on the motor nerves.

Temperature also modifies secretion, probably by its influence on the secretory nerves, for pilocarpine acts less on animals whose temperature is reduced by placing them in a cold chamber (Brunton); and it is well known that this drug acts much more powerfully when the patient is in a warm bed or before a fire than if his skin is exposed to cold.

Some poisons, like chloral, alcohol, &c., act in part by reducing the temperature of the body, by lessening combustion, and by disturbing the mechanism regulating the production and loss of heat, so that the temperature is more quickly raised or cooled by heat or cold (Brunton). In such cases, by maintaining a proper temperature of the body, may avert death.

THE COLD BATH, INCLUDING SEA-BATHING.

Cold water may be applied for the sake of its moisture, its temperature, or both conjoined. If we require merely moisture and temperature is of no consequence, tepid or warm water is both preferable and more agreeable. Cold water is generally employed to abstract heat from either the whole surface of the body, or from some particular part of it, or to induce general or local excitement and shock.

Since the skin absorbs neither the water of the bath, whether it be warm or cold, nor any substances, soluble or insoluble, which may be added to the water, it follows that whatever may be the effect of baths it must be explained by their direct action on the skin.

In speaking of the general cold bath we shall speak mainly of cold sea-bathing, this being a far more powerful medicinal agent than the simple cold bath, although, indeed, their action is identical, the difference in their effects being one merely of degree; and as we proceed we shall point out how these differences affect the body.

On entering a cold sea-bath there is at first a sensation of depression, great or little, according to the coldness of the water. The skin becomes pale and shrivelled, and presents the familiar appearance—"goose-skin," a condition produced by the contraction of the skin, and the consequent protrusion of the hair-roots and follicles. There is a general shivering, some blueness of the lips, nose, and extremities, considerable reduction of the temperature of the skin, quickened pulse, convulsive and sobbing breathing as the water rises to the chest, especially when the bath is entered slowly. The system soon becoming roused to meet and to resist the depressing effects of cold, in a few seconds a sensation of general exhilaration ensues. The skin becomes ruddy and glowing, the breathing full and easy, the pulse rather quick and strong, the spirits exalted, and the bather feels increased vigour, both of mind and body. If he quits the bath now, or before the period of exhilaration ceases, the buoyant condition endures more or less for the rest of the day, showing that the bath thus acts as a tonic to the system.

On the other hand, if the bath is prolonged depression again comes on. The bather feels cold, shivers, becomes blue and numb in the more exposed and smaller parts, whence, on account of their size, warmth is more readily withdrawn, and he is seized with a sensation of depression and wretchedness. Baths prolonged to this injudicious extent often produce damaging results, which may continue for hours, and even days, sometimes, indeed, inflicting serious injury on the health, especially in a weak or growing person. For many hours after the bath he complains of general languor, with a repugnance to exercise, whether of body or mind; his temper is fretful and morose,

the circulation feeble and languid, with sinking at the epigastrium, loss of appetite, chilliness of the surface, and cold extremities. It need scarcely be said that consequences like these are to be carefully avoided; yet these risks will often be encountered unless the doctor gives specific and minute directions, so great is the prevailing ignorance and error on the subject of bathing.

If the exposure in the cold bath is continued beyond this point, or if the cold is severe, its effects become more manifest; great depression and a sensation of utter misery set in, followed shortly by heaviness and drowsiness, which deepen sometimes into coma, till a kind of apoplectic state is reached, then asphyxia and death from paralysis of the muscles of respiration.

Baths, then, on the one hand, judiciously employed, are very powerful tonics, while on the other, if unwisely used, they induce great depression of the bodily powers and produce serious mischief. The superiority of sea-baths has been placed beyond mere surmise, for direct experiment has established the fact that a sea-bath acts far more powerfully on tissue metamorphosis than the simple water-bath. While the sea-bath increases the process both of destruction and of construction of tissue, yet that of construction is in excess of that of destruction, with the effect of inducing not only increased vigour of the functions of the body, but an actual augmentation of its weight. Sea air, it is true, acts in the same way, so that it is difficult to determine to what extent improved health results from sea climate or sea-baths.

The cold bath is almost universally employed for its tonic virtue. To obtain this wished-for result the bath should be discontinued at the time it causes general exhilaration, for the system then appears to be roused into action to resist the depressing influence of cold, and if at this point the bath is discontinued the general healthful stimulation persists; for whilst taking the bath, and probably for some time afterwards, oxidation of the tissues is increased, the blood is purified of effete products, and the process of construction and destruction of tissue, on which vigour of both mind and body depends, are intensified.

Bathing therefore increases appetite, improves digestion and the assimilation of food. The bath, then, is a tonic in the strictest sense of the word.

Used in accordance with the rules to be immediately laid down, the good effect of the bath soon becomes apparent, and the patient gains in weight, his complexion becomes ruddy and clearer, his muscles, especially if he conjoins exercise with the baths, acquire firmness and strength, the mental debility arising from deficient nutrition of the nervous system speedily passes away, and he soon recovers mental and bodily vigour.

The important question arises—How can we best obtain these invigorating effects?

Our object clearly is to secure the greatest possible amount of stimulation, and to ensure as long as possible the persistence of the increased vigour of nutrition. To obtain the greatest degree of stimulation we must duly apportion the temperature and duration of the bath to the patient's strength, and to ensure the continuance of nutritive vigour as long as possible the patient should leave the bath at the climax of general exhilaration and stimulation, avoiding carefully the onset of the next stage, that of depression.

The bather, if very weak, manifests but little functional energy to resist the depression from the cold. Indeed, if this is intense the stage of stimulation may not come on at all, but, depressed from the first, the patient may so remain for a long time. Injudicious bathing often seriously injures and even endangers the lives of weakly persons.

The depressing effects of a cold bath are proportioned to its coldness and duration. The colder the water the greater the depression it occasions—greater, too, when the water is in motion than when at rest. Moreover, the longer the period of immersion the greater is the degree of depression.

When the patient is weak and prostrated by illness the bath must not be too cold, nor continued too long, and the water should be at rest. Thus, we must have regard to the strength of the patient, the temperature of the water, and the duration of the bath.

Here it will be convenient to consider in what respect sea-baths differ from simple water-baths, and to explain the tonic superiority of sea-baths.

1st. In sea-water various ingredients are held in solution.

2nd. The variations in temperature of sea-water, in the varying seasons of the year, are much less than those of river-water.

3rd. While the sea is always more or less in motion, river-water is comparatively at rest.

The salts in solution are supposed to act as invigorating stimulants to the skin, so that a patient unable to bathe in simple water without suffering great depression can bathe in sea-water with great benefit. Moreover, as the sea's temperature never falls very low in winter, sea-bathing may often be continued late in the autumn, or even into the early winter months.

The motion of the waves increases the depressing effects of the bath, but if the bather is strong enough, it also increases the ensuing reaction; and thus the commotion of the waves, while more bracing to the strong, is at the same time highly exhilarating.

These guiding principles borne in mind, we shall be able under all circumstances to give correct answers to the various questions patients may put to us concerning bathing. One most frequently asked is—How long shall the bath be continued?

Our answer must be regulated by the strength of the patient and

the coldness of the water. If the water is cold, or the patient is very weak, we must at first forbid out-door sea-bathing and substitute a tepid bath, the temperature of which should be slowly reduced until that of the sea is reached. Then, if the day is fine and the sea calm, the bath may be taken in the open air. Though it may be considered safe to let the patient bathe in the sea, yet if he is very weak and unaccustomed to bathing, his stay there must be very brief; it will often suffice to allow two or three waves to pass completely over him, when he should at once come ashore and wipe himself thoroughly dry, using plenty of friction to the skin, for which purpose Cash's towels are well adapted. With increasing strength, and becoming accustomed to the effects of the water, he may continue the bath for a longer time, but it is seldom advisable for a convalescent to bathe longer than from five to ten minutes. Some patients, nay, even some healthy persons, can bear a sea-bath only every other day.

Then as to the time of day best suited for bathing the greatest ignorance prevails, before breakfast being currently believed to be the best time; yet this practice is not without risk even for the robust, who are often made ailing and fatigued by it for the rest of the day.

Our object in using the bath, as we have before said, is to obtain prolonged and energetic stimulation. We must therefore choose that time when the body is most refreshed, invigorated, and nourished. These conditions, it might be supposed, would co-exist in the early morning, after a sound and refreshing sleep. It must be borne in mind, however, that before breakfast the body has undergone a fast of several hours, and is in want of food, without which the bodily functions may very readily become depressed. In fact, only a robust person is able to bear a sea-bath before breakfast.

Thus theory and practice are both opposed to this period for bathing, both pointing to a time between breakfast and dinner as the most appropriate.

This leads us to the consideration of another question; namely, after a meal, how long a time should pass before a bath may be taken; and, after a bath, what time should pass before taking food? Now cold bathing produces a great shock to the skin and system generally; and any powerful mental or bodily impression will check or even arrest for a time many of the functions, even if in active operation. This is the case with digestion. Any great excitement, it is well known, can stay this process more or less completely, and the cold bath is generally sufficient entirely to arrest it; therefore, before the bath, an adequate time should elapse, so as to permit the almost complete digestion of the breakfast, that is, an interval of about three hours. Nor, for the reasons just pointed out, should the bath be taken immediately before a meal; otherwise, little

or no gastric juice is secreted, and food lies half-digested in the stomach.

And for a reason somewhat similar, the bather should not go into the water whilst under the influence of any great emotional excitement. The nervous force (on which there appears to be set a limit) being directed strongly in one channel, the bath will not produce nervous stimulation, so that the patient will feel languid, cold, shivering, and depressed. Obviously, for the same reason, children must be coaxed, not dragged into the water against their will. In early life there is often much terror of bathing; and if, in spite of this, the child, while screaming with fright, is forcibly dragged into the sea, very ill effects may follow; for, missing the stage of stimulation, the child may remain, often for days, depressed and ill.

Is there any age rendering sea-bathing dangerous and to be prohibited?

It is generally accepted that young children—say under two years of age—being very impressionable, ought not to undergo the shock of a cold sea-bath. At the other extreme of life, when the enfeebled powers of the body are incapable of strong reaction, sea-bathing is inadmissible, for it is as well known that in old people the heat-forming force is much reduced. Moreover, undue vascular excitement may prove dangerous; the vessels in the aged, often brittle, through degeneration, are in danger of giving way, and thus under any unusual strain causing apoplexy.

The foregoing remarks imply that fatigue is a condition strongly adverse to cold bathing. Even if other conditions are favourable, it is seldom advisable for weakly persons to take a bath on the day following their arrival at the sea-side. They should wait till all fatigue has passed away.

Does pregnancy forbid sea-bathing?

If a woman has miscarried or aborted, or if of an excitable temperament, baths may be expected to do harm; and in far advanced pregnancy a sea-bath may perhaps produce abortion. But under other circumstances, and with due regard to the conditions previously laid down, bathing will benefit both mother and child. Nor, if accustomed to the practice, need a woman discontinue bathing at the menstrual period, although it is always inadvisable to begin at such a time, since the shock may check or arrest the secretion, and thus induce perhaps many months of amenorrhœa.

In the choice of coast, and the time of year, we must have regard to the condition of the patient. If not very weak, with the health only a little undermined, then a rugged coast, where the sea is rough and boisterous, should be recommended. However, should the health be much broken, then a smooth sea is preferable, and, in a cold climate, the summer is the only suitable time.

Exercise taken while bathing soon induces fatigue and even ex-

haustion; whereas weakly patients must be cautioned to be moderate in this respect. Another evil should be guarded against; on leaving the bath, a patient invigorated by it is in danger of taking too much exercise, fatiguing himself, and so counteracting the bath's good effect. The amount of exertion permitted must be strictly in accordance with the patient's condition, who, if very weak, should take only horse or carriage exercise.

A course of sea-bathing sometimes causes the hair to fall off abundantly, naturally exciting much anxiety, especially in women. Their fears, however, may be quieted by the assurance of a rapid new growth. Other troubles may arise. Bathing sometimes induces constipation, more or less obstinate; but this need not lead to the discontinuance of the bath. The constipation should be removed by exercise, regulated diet, or, these failing, by purgatives. Dyspepsia and diarrhœa also sometimes occur during sea-bathing. The bather should be discreet as to the hour of the bath, the time spent therein, and if, notwithstanding every care, dyspepsia or diarrhœa continues, the bath must be temporarily or permanently discontinued. In fact, sea air alone will, in some constitutions, induce these disorders.

Restlessness at night is sometimes attributed to sea-bathing. Many people, no doubt, find that living too near the sea-shore often produces broken and sleepless nights. On the shores of the Mediterranean, especially along the Riviera, this is notably the case. On removal inland, a mile or thereabouts, this restlessness vanishes: for instance, sleep unattainable at Cannes itself is secured at Cannet, a mile or so inland. Broken rest may often be traced to dietetic irregularities, or to late hours. A late and heavy meal will sometimes cause restlessness, whilst a good night will follow an early, light, and digestible repast. Some patients mar their rest by taking stimulants shortly before bedtime, while, on the other hand, others cannot sleep without a "nightcap."

A bather should plunge into the waves at once, and on no account stand undressed and hesitating till he become cold and shivers. It is a common and pernicious error to suppose that it is necessary to be well cooled down before plunging into the bath. If needful, a short, brisk walk should be taken just before the bath, to warm the surface and extremities.

The effect of cold is, in proportion to its degree, to lessen the perspiration. A cold bath at first checks perspiration, but soon afterwards this secretion becomes considerably augmented, and in a greater degree after sea than after simple water-bathing. Driven from the skin, the blood flows into and fills the internal organs, and the kidneys partaking of this congested state, probably explains the frequent and transitory occurrence of a small quantity of albumen in the urine during the bath.

The effect of cold baths on tissue change have already been pointed out, and the observations on this subject will be supplemented and confirmed in those we have now to make relating to the influence of sea-baths on the constituents of the urine. Baths augment the quantity of urea or sulphuric acid of the urine. Whether this increase exceeds the limits of the natural healthy variations, and whether the experiments are sufficiently numerous to prove it, has been called in question. It is not to be expected that the tissue change would at once be greatly augmented, nor that the increase at any time would exceed the maximum amount of health ; consequently the increase of urea in its turn would not exceed the maximum quantity excreted in health. But surely, if for some time the excretion of urea is maintained at its maximum, this single fact would alone establish the influence of baths, so far as they could be expected to operate, and would show that sea-bathing increases disintegration of the nitrogenous tissues.

Beneke's observations lead to the same conclusion. When food was taken, just sufficient to maintain the weight of the body at a fixed point, he found that baths immediately reduced the weight of the body, a loss certainly due to heightened disintegration of the tissues. But this increased consumption of the tissues being accompanied by increased appetite, and by increased assimilation, more food is taken, and his body gained in weight. Baths, it was said, increase the quantity of uric acid, although this is lessened by sea air : but on this point observations are as yet insufficient.

The urinary water is temporarily and often greatly increased, though the whole day's urine is lessened in quantity, probably owing to the subsequent excessive elimination by the skin. In Beneke's observation the intestinal secretions were also large, so some water may have escaped in this way.

It is scarcely necessary to occupy much space with a narration of the cases likely to derive benefit from sea-bathing. In chronic illness attended by debility sea-bathing yields the best results ; but it is especially useful to those recovering from acute diseases, and to persons whose health has been broken by over-work, by residence in towns, by sedentary employment, or by injurious excesses. It is a question of much importance whether phthisical persons should take sea-baths, and our answer must be qualified by the circumstances of the case. When the disease is chronic, with little or no elevation of temperature (little or no fever), when, indeed, the case is one of fibroid degeneration of the lungs, without active formation of tubercle, sea-baths may be permitted, due regard being paid to the rules just laid down.

When the cold bath or cold sponging cannot be borne, it is often useful vigorously to rub the body with a towel wrung out in tepid or cold water, or the naked patient may have a sheet wrung out with cold

water thrown over his shoulders, and be rubbed down with the sheet. This plan is useful to prepare the way for the cold sponge-bath, and is applicable to the same class of cases, since it excites reaction and produces tissue change and stimulates digestion; like the sea-bath, it is a true tonic. It is useful, too, to relieve fatigue after a hard day's walk, &c.

THE SITZ-BATH.

The sitz-bath is largely and beneficially used in hydropathic institutions. The water should be between 60° and 80°, and the patient should sit in it from five to thirty minutes, once or twice a day. At first it causes contraction of the arterioles, not only of the immersed skin, but also of the intestinal vessels; hence more blood is sent to the head and upper extremities. After the bath is discontinued the reverse process sets in, more blood being sent to the abdominal organs, diminished supply flowing to the brain. The sitz-bath greatly relieves fatigue and soothes an irritable restless state of the nervous system. It often lessens headache, and regulates the bowels; it often augments the catamenial flow by lessening the amount of blood in the brain, and is in many instances usefully employed to procure sleep. After the sitz-bath reaction should be promoted by friction or exercise.

ON PACKING WITH THE WET SHEET.

Packing with the cold wet sheet, although at present seldom employed outside hydropathic establishments, is undoubtedly, in many diseases, a very efficacious treatment.

Dr. Johnson, in his work on hydropathy, directs the patient to be placed on a mattress with a pillow to support his head; then "upon the mattress, and extending over the pillow, two blankets are spread, and over this a sheet wrung out as dry as possible with cold water. The patient lies down on his back, perfectly unclothed, with his head comfortably placed on the pillow; an attendant now approaches, say on the patient's left, and first puckering the blanket from the back of the head down to the back of the neck, reaches across his chest, seizes the right upper corners of the blanket, and brings them tightly across under the chin to his own side (the left), and tucks them well and evenly under the left shoulder, where it joins the root of the neck, and under the point of the same shoulder. He now reaches across the body again, and brings over all the rest of the right sides of the blankets to the left side of the patient, and then

proceeds to tuck them well and evenly under the left side, beginning where he left off, at the point of the shoulder, and proceeding quite down to the heels. The patient is now entirely enveloped in one half of the blankets, and the attendant finishes the operation by passing over to the right side of the patient, and then proceeding to tuck the left sides of the blanket under the right side precisely in the same manner as we have seen him tuck the right sides of the blanket under the left side of the patient. The attendant, standing on the right side of the patient's legs, finally insinuates his left hand under the backs of the ankles, lifts them up, and then with his right hand turns back the lower ends of the blankets under the heels." The wet sheet should reach to the ankles, and "be wide enough to overlap in front of the body about eight or twelve inches; over the whole four or five blankets placed, and pressed down close to the sides."

This pack is useful in specific fevers and acute inflammatory diseases. It has long been employed in scarlet fever, and should be used from the beginning and throughout its course. In moderate attacks it is sufficient to pack the patient from thirty to fifty minutes; but if the fever is very high, if the rash comes out slowly, imperfectly, and of a dull colour, if the patient is restless and wandering, the packing must be continued an hour or longer, and be repeated three or four times a day. This treatment develops the rash, greatly reduces the fever, quiets the pulse, renders the skin moist and comfortable, and abates the restlessness and wandering. A short time after the application of the wet sheet a patient, previously restless and wandering, commonly falls into a quiet refreshing sleep, and awakes calm and free from delirium. Its influence on the pulse and temperature is striking; the pulse in a few hours falling fifteen to twenty beats in the minute; a repetition of the packing greatly reduces the fever. The packing is especially indicated on suppression or recession of the rash, when serious symptoms are apt to arise; the cold sheet will then bring out a brilliant rash, followed, generally, by immediate improvement in the patient's condition. It has been recommended to dash two or three pailfuls of cold water over the patient after each packing. During the whole course of the fever a cold wet compress, renewed every three hours, should be worn round the throat; and if, on the decline of the fever, the tonsils remain large, or there is chronic inflammation of the fauces or larynx, this application, renewed less frequently, or applied only at night, should be continued till these morbid conditions cease. The compress should be composed of linen several times folded, and fastened round the throat by another piece of folded dry linen. Cold packing is beneficially employed in other fevers, and in acute inflammations, as measles, small-pox, pneumonia, pleurisy, rheumatism, and gout.

In acute rheumatism, when the pain forbids the patient to be moved, the front of the body only should be packed, and a wet cold compress, renewed every two or three hours, should be wrapped round each of the painful joints. If the prejudices of the patient's friends prevent the use of the cold sheet, the body should be sponged with tepid or cold water several times a day, and if the perspiration is abundant and foul, soap should be used. In addition to sponging, the wet cold compress, as previously described, should be applied to the painful joints. There can be no question of the superiority of this treatment over that of swathing the patient in flannel clothes, and covering him in blankets to make him sweat. To avoid the supposed danger of catching cold, these woollen clothes are worn day after day, till, saturated with putrefying perspiration, the stench sickens and de-appetizes the patient, and a crop of irritating miliary vesicles is engendered, which breaks the patient's sleep.

In pneumonia some pack the chest only, and renew the cold applications hourly, or even oftener; a mode of treatment which is said to remove the pain, quiet the pulse, calm the breathing, and reduce the fever.

When, as often happens, the patient's friends object to the cold packing through fear of "inflammation," or of "turning the disease inwards," the sheet may be wrung out in tepid water, and by the time it is spread for the reception of the patient it will be sufficiently cooled to answer the purpose.

A pedestrian, after great exertion, will find it an agreeable restorative, preventing stiffness and aching of the muscles, to strip and wrap himself in a dripping wet cold sheet, well rubbing himself afterwards; but if stiffness still remains, a few drops of tincture of arnica taken internally will remove it.

Cold or tepid packing is useful in the summer diarrhœa of children.

A daily cold wet pack is often a very useful application in chronic diarrhœa, like that often met with in persons coming from a tropical climate, and due probably to chronic catarrh of the intestinal mucous membrane.

COLD BATHS IN FEVERS.

The elaborate investigations regarding the action of cold applications in fevers, made during the last fifteen years in Germany, induce me to devote a separate chapter to this important subject.

These investigations confirm the conclusions of Currie and Jackson, and give precision to our knowledge concerning the employment and effects of cold to the surface. This treatment has been employed

in typhus, typhoid, and scarlet fevers, measles, and other febrile diseases. More recently, Dr. Wilson Fox and others have cured patients suffering from the hyperpyrexia occasionally observed in rheumatic fever, a condition, owing to its sudden onset and rapid course, hitherto regarded as almost necessarily fatal.

Many of the symptoms, and therefore the dangers, of fevers, depend in great measure on the elevation of the temperature. The effects of fever, whether specific or inflammatory, are due either to elevation of the temperature, to the specific cause of the fever, or to the inflammation. The symptoms common to all fevers are due simply to the elevated temperature of the body, whilst the characteristic symptoms are due either to the specific poison or to the inflammation. This increase of temperature affects the organs in a twofold manner; in the first place, it perverts, depresses, or, if the rise is very high, abolishes function; and, in the second place, produces fatty degeneration, or, as it is termed, parenchymatous degeneration of all the tissues.

That the common symptoms of fever, as headache, delirium, quick pulse, dry skin, and general weakness are due to the heightened temperature is well shown by the effects of a treatment which will reduce this abnormal temperature; that is, by the aid of the cold bath or quinia we lower the temperature to the normal standard, and then these pyrexial symptoms at once disappear.

Fatty degeneration of the tissues sets in during the progress of a fever, especially when prolonged. This degeneration has been observed more particularly and fully in the liver, kidneys, heart, blood-vessels, and voluntary muscles. This fatty degeneration is in all probability due to the fever, for the degree and extent of the changes correspond in amount to the degree and duration of the elevation of temperature; and similar changes occur when the temperature of an animal is raised by keeping it in a warm chamber. The cells of the liver and kidneys become cloudy, then granular, till the nucleus becomes obscured, and the entire cell distended with granules, and, in the case of the liver, the cells contain an excess of fat, and ultimately many cells burst and perish. The muscular tissue of the heart and of the voluntary muscles becomes granular, then fatty, and in severe cases their fibres undergo extensive destruction.

These effects of high temperature, the symptoms and the deteriorating changes can obviously be combated only by means which either lower or prevent the undue development of body-heat. Foremost amongst these means must rank cold baths. Employed early enough, they obviate the immediate depressing effect of the temperature on the tissues, and prevent the oncoming of parenchymatous degeneration. Thus they reduce the frequency of the pulse, strengthen the heart, and so avert danger from failure of the heart, and from hypostatic congestion. They tend likewise to prevent delirium, and to

produce sound and refreshing sleep; to improve digestion and assimilation, and to promote the general nutrition of the body, and thus to ward off or to lessen the risk of bed-sores and exhausting suppuration. The period of convalescence, though some deny this, is shortened by promoting assimilation, and thus preventing parenchymatous degeneration. It is true that the specific poison of some fevers, as typhoid or typhus, will itself probably in some degree affect the heart, brain, and functions generally; but that the depression of the heart and brain is mainly due to the elevated temperature is shown by the great abatement of the symptoms referable to these organs when the temperature is reduced; though, indeed, it may be plausibly urged that without elevation of temperature the specific poison cannot be formed, and hence anti-pyretic treatment will likewise obviate its depressing effects.

Cold bathing is applied in various ways,—by means of the general cold bath, affusion, packing, sponging, and by the use of ice.

Brand, to whom the revival of this hydropathic treatment is chiefly due, has employed it largely in typhoid fever. In mild cases he uses cold wet compresses, or frequent washing with cold water, or repeated packings in a cold wet sheet, or a warm bath gradually cooled. In severe cases he recommends affusion, the shower-bath, or the general cold bath. He generally places the patient in a sitz-bath, and pours water of 50° to 55° Fah. over his head and shoulders, for ten or fifteen minutes, wraps him afterwards unwiped in a sheet, and covers him over with a coverlet, and to his chest and stomach applies compresses wrung out of iced water; but if the patient complains of the cold he covers the feet more warmly or applies hot bottles to them.

Hagenbach employs a general cold bath of 68° to 77° Fah. for ten or twenty minutes, and if there is much delirium, or coma, he at the same time pours cold water over the patient's head. He disapproves the frequent cold washings and packings, asserting that they abstract but little heat, and that they fatigue the patient.

The method employed by Ziemssen and Immerman is the most agreeable to the patient, and being equally efficient, it is the treatment most likely to be generally adopted. They immerse a patient in a bath of 95°, and in the course of twenty to thirty minutes gradually cool it to 60° Fah. by the addition of cold water. This bath is agreeable to fever patients. These observers do not employ affusion, since the patient much dislikes it, nor cold compresses, since these do not affect the rectal temperature. Cold packings they find, however, do reduce the temperature of the rectum. For young children and old persons the severity of the application must be apportioned to the strength of the patient. Brand wraps a child in a wet sheet, and placing it on a table pours cold water over its head. For children and the aged Hagenbach employs for half an hour a warm bath,

gradually cooled by the addition of cold water to 86° or 75° Fah. Weakly patients should be well rubbed on leaving the bath. Hagenbach adopts this treatment whenever the temperature rises above 102° Fah., while Brand recommends it whenever the temperature mounts above 103° Fah.

In private practice I find the assiduous application of cold cloths wrung out of ice-cold water more convenient than the use of the general cold bath. This plan, if effectually carried out, promptly reduces the temperature. Thus, by the method I am about to describe, I have seen the temperature in hyperpyrexia reduced in two or three hours from 107° to 101°, or even lower.

Dip four napkins, or small towels, into iced water, and wring them nearly dry, so that they may not drip and wet the bed, then apply them one below the other from the chest downwards. As soon as the four cloths are disposed over the chest and abdomen re-dip and re-wring the uppermost, then the second, third, and fourth, seriatim, then the first again, and so on continuously. Supplementary napkins to the head, thighs, and arms will of course still more quickly lower the temperature; and, indeed, should be employed to a big and stout patient, since large quantities of heat have to be withdrawn through the bad conducting fatty layer beneath the skin. If the napkins are very frequently changed, this method is most efficacious, and is often highly agreeable to the patient, being in this respect preferable to the usually very disagreeable general cold bath. In some instances, even after the discontinuance of the cold cloths the temperature steadily falls for several hours.

The repetition of the processes must be regulated by the subsequent course of the fever. If in three or four hours the temperature again rises to 103°, Brand repeats the affusion. In most cases he finds that six affusions are enough, and afterwards he applies cold cloths wrung out of water at 60° Fah. two or three times a day; these applications, provided the temperature does not rise higher than 100° Fah., being made smaller and applied less frequently as the case progresses. In very severe cases the affusion must be employed every two hours. When the patient is comatose and the foregoing treatment fails to restore consciousness Brand applies a cold affusion of 45° Fah. to the head every half-hour.

Dr. Stöhr recommends the continuance of this treatment in typhoid fever to the middle of the third week; but it may be required longer, and here the thermometer is the test.

Ziemssen and Immerman find that with their plan four or five baths are necessary the first day, and that subsequently two or three daily will suffice, the repetition, however, being regulated by the information afforded by the thermometer. They prescribe the bath at 6 A.M., and 1 to 3 P.M., and at 7 P.M. Ziemssen and Immerman found, as might be expected, that in typhoid the degree of cooling

and its duration differed according to the patient's age, and the severity of the case. Thus they find the usual reduction is 3·6° Fah. in children, and 2·5° Fah. in adults. In severe adult cases, however, the temperature falls only 1·8° Fah., and the effect of the bath is least evident in cases where the morning remission is slight. In severe infantile cases they found that the temperature recovers its former height in six hours, and in adult cases of moderate severity in seven hours, and in severe adult cases in six hours and a half, and in cases with slight morning remissions in three hours.

A single bath often effects a considerable reduction of the febrile temperature. Thus Mosler reduced the temperature in a case of typhoid to 7° Fah., and the late Dr. Wilson Fox, in one of his interesting cases of rheumatic hyperpyrexia, to 12·4° Fah.

Dr. Wilson Fox's exact and continuous observations on some cases of rheumatic hyperpyrexia add precision to our knowledge of the effects of cold baths. He has shown that the fall of temperature continues every six or more degrees, forty or fifty minutes after the discontinuance of the bath. It is important, therefore, to observe the temperature in the rectum while the patient is in the bath, and to remove him before the heat is too far reduced, lest too great a withdrawal of it might lead to collapse. This, indeed, appears sometimes to occur, for we read of cases becoming cyanotic, although German observers aver that this is not important, and advise in such a case the application of warm bottles to the extremities. Still I am convinced that it is important to avoid depressing to this hazardous extent, as I have seen a child, suffering from scarlet fever, killed by an over-energetic employment of cold.

German observers show conclusively that this treatment greatly reduces the mortality of typhus and typhoid fever. Thus, Brand treated 170 cases of typhus, and Bartels treated thirty cases of typhoid without a single death. The mortality of Hagenbach's typhus patients was five per cent., provided the cases were treated early, and Dr. Stöhr reduced the mortality of his patients from thirty to six per cent., and the results he thinks would have been still more favourable could he have treated some of his cases earlier. Liebermeister lessened his mortality from twenty-seven to eight per cent.

Notwithstanding the enthusiastic laudation of the cold-bath treatment of fevers by German writers this plan is not at present commonly employed in this country. If there is reason to hesitate whether we should treat the acute specific fevers or inflammatory fever by this heroic method, there can be no question respecting its great value in the treatment of hyperpyrexia. This most dangerous condition generally arises from rheumatic fever, and to it no doubt most of the fatal cases of rheumatism are attributable. It may occur, however, in the course of any fever; and may, indeed, seize a person apparently in perfect health. The first case of hyperpyrexia

ever recorded occurred whilst I was resident officer at University College Hospital, and this was an instance of a sudden attack in a woman who had recovered from rheumatic fever, and was on the point of leaving the hospital apparently in fair health. On being called to her assistance, I was surprised at the pungent burning heat of her skin, and to my astonishment found her temperature to be 110°, and a little later 111°. She died in eight hours. This phenomenon, so startling, then, when hyperpyrexia was unheard of, has been noticed in hundreds of cases. Hyperpyrexia not uncommonly attacks children just previously in apparent good health. I have often seen children in severe convulsions, and have found their rectal temperature 107° and 108° Fah. The hyperpyrexia may have been due to the onset of an acute specific fever or of an acute inflammation, but as these children all died, it was impossible to ascertain the cause of the onset of the fatal hyperpyrexia. Ordinarily, no doubt, hyperpyrexia occurs in the course of a fever, and generally, perhaps, when the temperature runs very high; but this by no means rarely comes on in rheumatic fever when the fever is moderate and the symptoms mild. In a typical case of hyperpyrexia the temperature rapidly rises, reaching in the course of a few hours 110°, 112°, or even higher. This severe fever perturbs and depresses the functions. At first the patient is restless and delirious; the delirium being either slight or so decided that he must be restrained. Sometimes before delirium the patient becomes blind. The delirium soon subsides, he becomes quite unconscious; the pulse, at first full and bounding, becomes exceedingly frequent and feeble; the respirations are much hurried; the skin is generally dry; but it may be drenched in sweat. Then the coma deepens, the breathing becomes more frequent and shallow, and in a few hours the patient dies. Not a single case of hyperpyrexia, as far as I know, recovered till Dr. Wilson Fox first treated his cases with the cold bath. Since then this treatment has been largely employed, and with a larger measure of success; indeed, it is not an exaggeration to say that the majority of the cases thus treated have been saved. In my own practice, in a considerable number of cases, this treatment has generally proved successful; and it is a source of great gratification to me that by means of Dr. Fox's treatment I have certainly saved many lives. In hospital we mainly use the general cold bath, but in private practice the application of iced-cold cloths in the way previously described will, I believe, prove more convenient, pleasant, and safe. Several cold baths are usually necessary, for after the reduction of the temperature, and consequent removal of the symptoms, the temperature generally rises again. It is interesting to note the passing away of the deadly symptoms as the temperature falls. The patient wakes out of his coma, and next his mind becomes quite clear; his pulse falls and becomes stronger, and he passes quickly from most imminent

peril, from the very shadow of death, to his condition previous to the onslaught of the hyperpyrexia. Though I have said several cold baths are generally needed completely to subdue the hyperpyrexia, yet in three cases after the first reduction of the temperature the hyperpyrexia did not return, but the patients forthwith passed at once from a condition of urgent danger into convalescence, without undergoing a single unfavourable symptom.

This treatment not only reduces the excessive heat of fever, but it allays the nervous symptoms, limits the wasting, and Brand says it also prevents meteorism, bleeding, and lessens diarrhœa in typhoid. On the other hand, Hagenbach and Jurgensen assert that this treatment fails to lessen the meteorism and diarrhœa in typhoid fever, and to reduce the size of the spleen and the dicrotism of the pulse. All observers agree that cold baths do not shorten the course of typhoid, typhus, and other acute specific fevers, but Brand asserts, while Hagenbach denies, that they shorten the stage of convalescence.

This treatment, it is said, rarely, if ever, induces either bronchitis or pneumonia, and the co-existence of either with a fever does not contra-indicate the use of cold baths. Liebermeister even says that hypostatic congestion or pneumonia afford no reason for suspending the baths—that indeed, under their use, hypostatic pneumonia sometimes disappears. I have several times seen all the signs of double pneumonia arise after the bath; for instance, dulness, tubular breathing, bronchophony, and yet these patients have done well.

Ludwig and Schröder find that this treatment of fevers greatly reduces the quantity of carbonic acid exhaled by the lungs and the solid constituents of the urine, and thus lessens the tissue change; a very singular fact, since cold baths, in health, have the very opposite effect. Dr. Fox observes that sometimes the rectal temperature rises a little directly the patient is placed in the bath; and Dr. Fiedler and Hartenstein point out that immediately after the bath the axillary is much lower than the rectal temperature, but half an hour afterwards this discrepancy is reversed, the rectal temperature becoming from 1° to 2° Fah. lower than the axillary, and so continuing during three-quarters of an hour.

THE WARM BATH AND THE HOT BATH.

The effects of heat on the body are, of course, for the most part, the opposite of cold. By surrounding the body with a temperature higher than its own the destruction of the tissues by oxidation is considerably diminished. Moreover, experiment has shown that increased heat impedes or destroys the electric currents in the nerves,

whence it may be fairly presumed that when subjected to this influence they are less able to conduct impressions either to or from the brain. These two considerations may perhaps account for the enfeebling influence on the body.

The general warm bath, if not too hot, is at first highly pleasurable, but if unduly indulged in, throbbing at the heart and in the large vessels soon comes on, with beating in the head, and a sense of oppression and anxiety. These sensations, however, when perspiration breaks out, greatly diminish or altogether cease; but if the bath is continued too long, the foregoing uncomfortable sensations return, accompanied by great prostration, even to the extent of fainting, the pulse becomes greatly accelerated and enfeebled, while the temperature of the body rises very considerably, and, if the heat of the bath is great, many even reach 104° Fah., that is, to a severe fever height.

Warm baths are employed in Bright's disease to increase the perspiration, so as to lessen the dropsy, and carry off from the blood any deleterious matter retained in it through the inaction of the kidneys.

We must always bear in mind the purpose of the hot bath. It is too much the practice to employ hot baths in Bright's disease before the occurrence either of dropsy or uræmia. As the baths weaken the patient considerably, they increase anæmia and so favour dropsy. They should only be employed when dropsy or uræmic symptoms are marked. Then, no doubt, they are often very serviceable by removing a large quantity of water from the blood, and lessening the hydræmia on which the dropsy depends; but whilst of undoubted service, if often repeated, they induce much weakness. In my experience baths are greatly inferior to the plan of making incisions over each external malleolus in the way described in the section on acupuncture. This treatment reduces the dropsy much more speedily, and far more certainly.

The hot bath is also used in uræmia with the view of eliminating the urea through the skin. There can be little doubt that this treatment is serviceable in removing many of the cerebral manifestations of uræmia; but it is very questionable whether the baths so act by eliminating urea. It is, at best, doubtful whether the uræmic symptoms depend on the retention of urea in the blood; moreover, it is uncertain to what extent, if any, the bath can eliminate nitrogenous products through the skin. It is certain that in health very little, if any, urea escapes by the skin, though it is probable that in some cases of Bright's disease urea is actually separated with the perspiration. Bartels records cases where crystals of urea covered the face, and by their accumulation on the beard gave it a frosted appearance.

The general warm bath is of signal service either in simple or

inflammatory fever of children. If a child is not very weak, a bath night and morning, for a time varying from five to ten minutes, soothes and quiets, and often brings on refreshing sleep. In the febrile diseases of grown-up people it is generally difficult to employ the general warm bath, but, in its stead, sponging with hot water often induces perspiration, calming at the same time the restlessness of the patient, and favouring sleep. The same means will soothe the restlessness of convalescence and induce sleep.

In inflammatory affections warm or tepid baths are supposed to act by dilating the blood-vessels of the skin, and so withdrawing blood from the internal organs, including of course the inflamed organ, and thus by lessening the amount of blood in any given part the bath diminishes inflammation. Further, by withdrawing blood from the brain the warm bath favours sleep.

The warm bath mitigates or removes the pain of colic, renal, biliary, or otherwise. Whether its effects in relaxing spasm are induced through its soothing influence on the skin, or from weakness caused by the bath, is difficult to say; the bath certainly seems to ease the pain before any noticeable weakness is produced. In skin diseases of various kinds the general warm bath is invaluable. In psoriasis, eczema, ichthyosis, urticaria, lichen, prurigo, and scabies it may generally be employed with benefit. It is especially useful in the acute state of eczema and psoriasis. Rain or boiled water should be used; but if these are not available the water should be made more soothing by the addition of small pieces of common washing soda, gelatin, bran, or potato-starch. These baths allay inflammation and itching. The body must be dabbed dry with soft towels. If there is much itching, flannel should not be worn, and scratching should be prohibited.

It has been recommended to keep a patient with severe burns immersed for days in the warm bath: this treatment is said to ease pain, diminish suppuration, promote the healing process, and to lessen the contraction of the cicatrix.

As a means of obviating the various symptoms occurring at the change of life, Dr. Tilt recommends the general warm bath of 90° to 95° Fah. for an hour once a week, so as to promote free perspiration.

The hot sitz-bath is very useful in cystitis and dysmenorrhœa. It allays pain and the incessant desire to micturate and straining. If the symptoms are urgent it may be employed two or three times a day from twenty to thirty minutes in cystitis, and even longer in dysmenorrhœa.

The local warm bath is used for a variety of purposes. It is hardly necessary to refer to the common household practice of putting the feet into hot water just before going to bed, to induce

general perspiration, and so relieve catarrh. The hot foot-bath, or the sitz-bath, is of great service when the menstrual flow is either deficient or absent. To this bath mustard may be added with advantage, but, as the late Dr. Graves insisted, this stimulating bath should be used only at the menstrual period. Employed nightly, or night and morning, for six days, commencing one or two days before the period begins, this mustard bath is a very useful auxiliary to other treatment, and often succeeds in establishing menstruation. The sitz-bath is often effectual when, through exposure to cold, or from other circumstances, the menstrual flow is suddenly stopped, to the patient's great annoyance and suffering. Immersion in water as hot as can be borne is said to be very useful for sprains in their earliest stage.

Dr. Druitt points out that sponging the body with very hot water will for some hours diminish the excessive perspiration of phthisis.

Hot water to the legs and feet sometimes removes headache, and according to Dr. Graves relieves distressing palpitation.

Sponging the face, temples, and neck with water, as hot as can be borne, often relieves the headache of influenza, catarrh, and other diseases.

The immersion of the feet in hot water with or without mustard will often arrest nose-bleeding. The vessels of the lower extremities, and probably by reflex the vessels of the pelvic organs, become much dilated, and hence blood is withdrawn from the upper part of the body, and vascular pressure is lessened.

Brine baths, as those at Droitwich, are very useful in chronic rheumatism, rheumatoid arthritis, gout, and sciatica. A brine bath can be made by adding from twenty to thirty pounds of common salt to thirty gallons of water at a temperature of 100° Fah. The patient should take one daily from twenty minutes to half an hour's duration, gradually extending the time to an hour. This produces no depression like a plain hot-water bath. On the contrary, it exhilarates. When only one or two parts are affected or painful, as the ankle or wrist, I have found that the immersion of the parts in a saline bath gives much relief. Many chronic cases of sciatica are more effectually relieved by the bath than by any other treatment. The efficacy of the salt-bath is the more singular as the salt is the efficient constituent, hot baths will not replace the saline baths; yet little or none of the salt being absorbed, this bath must exercise the topical influence action of salt on the skin.

HOT-AIR AND VAPOUR BATHS.

The *hot-air bath* very generally succeeds in promoting free perspiration; but when it is difficult thus to establish a free flow of perspiration, the hot-air bath may be preceded by the general warm bath.

Vapour-baths are used for the same purpose, and are less depressing than the general warm bath. Vapour and hot-air baths produce much less elevation of the temperature of the body, a circumstance which probably explains their difference in this respect.

The usual hot-air bath, with the lamp or hot bricks, does not in most instances cause heat enough to induce copious sweating. Gas is more efficient, but it is difficult to handle unless with a special apparatus. The lamp-bath under a cape often induces very free sweating if the patient is strong enough to sit up. The copious perspiration thus induced is very efficacious in relieving uræmic symptoms, and this treatment is much more efficient and less depressing than hydrogogue purgation.

SHOWER, DOUCHE, AND SPONGE-BATHS.

The forcible impact of water upon the body, and the impression it makes on the nerves, or, to use the general expression, the shock it produces, is sometimes very great, sufficient sometimes, even with strong and healthy persons, to produce considerable depression and languor, lasting hours and occasionally days.

The shower-bath is a remedy not much used, patients ordinarily manifesting great repugnance to it. The sponge-bath, or the local douche, may usefully supply its place.

In the sponge-bath we have all the conditions of the common bath. Both are cleansing, bracing, and invigorating, and the action of each is identical.

The sponge-bath is often employed, not merely for its tonic effects, but for the sake of the shock it causes to the nervous system.

In the treatment of laryngismus stridulus cold sponging is more successful than anything else. The practice of confining little children thus affected in a warm close room, sousing them in warm baths several times a day, is positively injurious, and inevitably aggravates the severity and frequency of the crowing breathing. Cold sponging twice or thrice daily, according to the severity of the case, will scarcely ever fail to modify the disease, however severe the attack.

So prompt is the relief of cold sponging that a child subject to hourly attacks during the day, and to ceaseless attacks at night, is

frequently instantaneously delivered from them. At all events a decided improvement always occurs, and the intervals between the attacks are much prolonged. It rarely happens that the strident crowing resists this treatment more than two or three days. The mother should be directed to keep the child out of doors the greater part of the day, no matter how cold the weather—indeed, the colder the better. Laryngismus seldom attacks children more than a year old. At so tender an age it might be feared that they would run great danger of catching cold from the sponging treatment, but no such fears need be entertained. With the necessary precautions even the youngest child may be sponged with perfect safety several times a day. Nor does a child catch cold even in the coldest weather when carried out of doors, but one prone to bronchitis had better be kept indoors when the weather is very severe, and should undergo the cold-water sponging only. After a very extensive experience of this treatment I have rarely found that children suffering from laryngismus catch cold, and in such exceptional cases the catarrhal symptoms have been insignificant. This treatment frequently saves life, and averts not only the crowing breathing, but dangerous symptoms, such as partial convulsions in the form of carpopedal contractions and squinting, for laryngismus, when fatal, generally destroys by exciting an attack of general convulsions. Laryngismus stridulus is sometimes accompanied, and is indeed apparently induced, by laryngitis, indicated by the peculiar hoarse voice. In such cases cold sponging must be cautiously used, for it often, though by no means invariably, increases the laryngitis, and therefore the laryngismus. Among the poorer classes, at certain seasons of the year, laryngismus is one of the most common causes of convulsions, which tend so often to a fatal issue.

The surest and speediest way of arresting a paroxysm of crowing breathing is to dash cold water over the child. At the onset of a paroxysm cold water should be dashed on the child's face, and if this does not at once arrest the attack, water should be applied to the whole body. Laryngismus fortunately prevails in the early spring, when the cold weather itself is a ready source of cure.

Since by this treatment laryngismus is usually cured at once, or rarely lasts more than a few days, it is obvious that cold water does not act as a mere tonic, although in this respect it is very useful, because laryngismus generally attacks weakly, sickly, and rickety children.

Any irritation aggravates laryngismus and impedes its cure. Hence, if the relief from cold sponging is less marked than might be expected, some other source of irritation should be sought for and removed. The gums, if swollen, red and hot, must be freely lanced and the cut maintained open, for if they close the irritation recurs; thus it is necessary to lance the gums every few days. Worms must be removed,

and the faulty state of the mucous membrane favouring their production treated. At the cutting of each tooth laryngismus is apt to recur in spite of cold sponging, but the relapse is seldom severe. When the tension of the gums is removed and the tooth set free, the attack ceases. Irregularities of the bowels, diarrhœa, constipation, flatulence, &c., tend to increase the frequency of crowing, and to render the case less amenable to cold sponging.

It may here be useful to advert to a condition not uncommon in infants. An infant in poor health frequently wakes up at night from "a catch in the breath." From some unexplained reason it cannot for a time get its breath, and wakes up with a loud snore. This condition is altogether different from that of laryngismus stridulus, and the fault appears to lie in the soft palate, not in the larynx; moreover, it is not due to enlarged tonsils, as this "catch in the breath" occurs in children of tender age, long before the morbid condition of the tonsils takes place. Cold sponging night and morning will improve or even cure this curious complaint.

Cold sponging several times a day holds also deservedly a very high place in the treatment of chorea. It is at present impossible to decide whether its efficacy is due solely to its tonic properties, or whether the shock plays any part in promoting the cure. Of the value of this treatment there is no question, yet circumspection must be exercised or the patient may be made worse. It must be avoided if there is any rheumatism, which is generally made worse by cold sponging, thus inducing an increase of choreac movements. If there is no fever, and no pain in any of the joints, then cold sponging may be reasonably expected to yield most satisfactory results.

In the treatment of rickets cold sponging, by virtue of its tonic properties, holds a very high place. Here, again, care must be observed, or much harm may be done. We must remember that a rickety child is often not only very weak, but on account of its tender years very impressionable, and for these reasons it is important to adapt the application of the cold sponging to the patient's condition. If the child is old enough to stand, he should be placed up to the ankles in warm water before a good fire, and then, except the head and face, be sponged all over with cold water from two to five minutes. He should then be carefully wiped dry, and well rubbed with a soft towel. If weakly the child may be replaced for a short time in a warm bed to encourage reaction. The sponging should be administered as soon as the child leaves his bed, but if very weak or unaccustomed to sponging, it is advisible to give a light and early breakfast about an hour beforehand. There is another excellent method of administering cold sponging to weak persons or to timid children, and therefore a plan to be adopted when this agent is used in the treatment of chorea. The water, at first tepid, should be gradually reduced in temperature by drawing off the warm water

and substituting cold. The shock is thus avoided, whilst the tonic virtue of the bath is obtained. This latter method succeeds admirably with timid children, who, often much frightened by the bathing, sometimes scream so violently as to lead their friends to fear an attack of convulsions.

Cold sponging is very invigorating for adults in impaired health; it is useful also in anæmia, leucorrhœa, amenorrhœa, spermatorrhœa, and in that low nervous state induced by working in hot, close, ill ventilated rooms.

In cold weather the water at first should be made a little warm; afterwards the temperature should be daily lowered. By a little light food taken about an hour before the bath, and after its completion a return to bed for half an hour, to restore warmth to the skin and extremities, will generally prevent depressing effects on weakly subjects.

Affusion and the Douche.—Cold water thus applied impinges on the body with considerable force, and the resulting nervous impression is correspondingly considerable. Water is directed against the body in a full stream, and is applied sometimes to every part of the surface in succession. The depression it produces is too great to admit of its frequent employment. It is generally modified, and the cold affusion used in its place; cold water is dashed in pailfuls over the surface of the body. Affusion is recommended in sunstroke when a patient is struck down and rendered unconscious. Many years ago cold affusion was employed in the treatment of the acute specific fevers, and was especially recommended in scarlet fever, a well-tried mode of treatment coming down to us sanctioned by the authority of many of the ablest physicians of the past generation. Yet in the present day the reaction against all energetic treatment is so great that this means is now very rarely adopted. Fears are expressed lest serious consequences should ensue, but if the affusion is employed at the right period no apprehensions need be entertained, as the experience of Currie and Jackson abundantly testifies. It should be employed during the early days of the fever, when the skin is hot and the rash bright red.

Currie and Jackson recommended that the patient should be stripped, and that four or five gallons of very cold water should be dashed over him, a process to be repeated again and again when the heat of the surface returned. This treatment diminishes the fever, and sometimes, it is stated, even extinguishes it.

The douche and affusion are generally employed for their local effects. They are of the greatest service to rouse a patient from the stupor of drunkenness, or from that of opium poisoning; when a certain stage of the poisoning has been reached no other treatment is so efficacious. Excessive tippling or an overdose of opium induces stupor more or less profound, when the movements of respiration, at first languidly performed, soon stop, and death by asphyxia results.

At this most critical stage cold affusion, or the cold douche, applied freely to the head, is generally sufficient to remove the conditions within the skull on which the stupor depends. Consciousness is restored, the breathing simultaneously again becomes natural, and for a time, at least, the fear of a speedily fatal termination is set at rest. The water should be poured on the head from a good height, so as to secure as great a shock as possible. The vigour of the application must be regulated by the pulse and general state of the patient. The breathing becomes deeper and more frequent, the livid, bloated aspect of the face soon disappears, while the pulse grows in strength. It often happens that relapses occur, when the affusion must be again and again employed, so as to sustain life long enough to admit of the elimination of the poison. If promptly and efficiently applied, life may be saved even in the most unpromising cases. It is all-important to ply the water abundantly for some time, and from a good height. Some time may elapse before any good effects become visible, but if the pulse and breathing improve, or become no worse than before the douche was tried, its application should be continued, and perseverance will often be rewarded by success.

Dr. Sayre, and more recently Dr. Broadbent, have drawn attention to the use of the cold douche to induce sleep in delirium tremens, and in the pyrexia after childbirth, and probably in febrile diseases generally. A large sponge soaked with cold water, iced if possible, is dashed against the head, face, and chest several times. The skin is then rubbed dry with a rough towel, and sleep follows in some instances almost immediately. If the sleep is too brief repeat the application. In delirium tremens I have often seen similar good results follow the application of the general cold pack, and when the sleep was short I have repeated the pack hourly for several hours, each repetition inducing refreshing sleep.

Probably this treatment by dilating the cutaneous vessels withdraws blood from the brain and so produces sleep.

Many cases of furious maniacal delirium may be quieted by the cold douche. It must be borne in mind that the douche is a powerful remedy, which makes it necessary to carefully watch its effect on the patient's strength. To obviate excessive depression it is an excellent method to place the patient in a warm bath, and to apply cold to the head in the manner just described.

Severe pain in the head, met with in acute specific fevers, or resulting from gastric disturbance, may be relieved very gratefully and effectually in the way recommended by Dr. Hughes Bennett: "A washhand-basin should be placed under the ear, and the head allowed to fall over the vessel, by bending the neck over the edge; then a stream of cold water should be poured from an ewer gently over the forehead, and so directed that it may be collected in the basin. It should be continued as long as agreeable, and be repeated frequently.

The hair, if long, should be allowed to fall into the cold water, and to draw it up by capillary attraction." The ice-bag may be conveniently substituted for this application, or Thornton's cap, composed of two rolls of india-rubber tubing, through which iced cold water is made to flow. This application greatly relieves headache and lessens or even prevents delirium and favours sleep. Dr. Hughes Bennett agrees with Graves, that in some cases very hot water acts even more efficiently than cold.

The cold douche is also an excellent local tonic to individual parts of the body. It may be employed to remove that stiffness in joints remaining after slight injuries, or resulting from rheumatism or gout, and salt may advantageously be added to the water. The force of the douche's impact on the affected part, with the duration of its application, must be regulated by the condition of the tissues. If very weak, it is better at first to play the water in the neighbourhood of the injured or weakened joint. It is also useful in chronically inflamed and swollen joints. In the early stages, especially when tenderness persists, it is useful to immerse the part in hot water for twenty to thirty minutes, and immediately on removing the joint to cold douche it either in a single stream or through a rose for one to two minutes, well rubbing the joint afterwards till it glows. Dr. Fuller recommends the cold douche to be played for one or two minutes upon joints affected with rheumatic arthritis; or the water may be slightly warmed in winter, and then the parts rubbed till they are warm and dry.

Much good may be effected in spermatorrhœa by the free application of cold water to the perinæum and buttocks several times a day, and by the suspension of the testicles in cold water for a few minutes night and morning. The same treatment is useful in varicocele. A cold-water injection of about half a pint every morning before going to stool relieves or, in many cases, cures piles, and is always a useful addition to other treatment; and injections of cold water are highly recommended in chronic diarrhœa and chronic dysentery. The cold anal douche is very useful in pruritus ani as well as for piles. Many persons, especially women, are troubled with cold feet, particularly at night; so cold, indeed, as to effectually prevent sleep for hours. This condition, which may rank as a distinct ailment, is best treated by immersing the feet nightly for a few minutes in cold water, rubbing them, whilst in the foot-bath, diligently until they become warm and glowing, and then, after thorough drying, clothing them in thick overlarge woollen or "fleecy hosiery" socks.

A cold or tepid sitz-bath is a very useful application. At first it contracts the vessels of the cooled skin, also the intestinal vessels, and increases the blood in the upper part of the body, causing even a rise of temperature in the axilla. Subsequently, and especially if followed by vigorous friction with a rough towel, the constricted vessels become

dilated, and the abdominal circulation is increased and gives tone to the abdominal organs, and so relieves constipation and strengthens the bladder.

I have often used, with advantage, a sitz-bath for ten minutes of a temperature between 70° and 80° Fah., for overworked patients who return from business tired, restless, and irritable. They should take the bath about half an hour to an hour before a late dinner. It removes restlessness and invigorates and favours sleep.

For the troubles occurring at the change of life or in women weakened by excessive menstruation, I often obtain considerable benefit by sponging the spine with equal parts of white vinegar and spirits of wine, night and morning, for five to ten minutes. Or by sponging the spine first with water as hot as can be borne, and then for a few seconds with a sponge wrung out of cold water. The first application is the most successful. It invigorates and soothes irritable nerves and prevents the fidgets. The same applications often relieve "cold feet."

THE TURKISH BATH.

This bracing and depurating bath combines many of the properties of the hot and cold bath. The body, subjected to great heat, is made to perspire copiously. If the bath ended here, more or less weakness would ensue; but at this stage the free application of cold water stimulates and braces the body, and produces the tonic effects of the cold bath. At each stage of the process the Turkish bath cleanses the system: the perspiration carrying off, and the cold consuming, by increased oxydation, effete and noxious substances in the blood.

The Turkish bath, like sea-air and sea-bathing, is a true tonic. By a tonic, I understand, any means which will increase both the destruction and the construction of tissue, provided the constructive remains in excess of the destructive process, and by promoting the nutrition of the muscular, nervous, and other systems, tonics increase the potential force of the bodily organs; in other words, tonics increase the capacity for function. By increasing tissue change, tonics promote appetite and digestion (see Cold).

The baths, says Dr. Goolden, are useful in gout, rheumatism, sciatica, Bright's disease, eczema, and psoriasis; they benefit bronchitis, the cough of phthisis, the aching of muscles from unusual exertion, pains in the seat of old wounds, colds in the head, quinsies, and common winter coughs.

It is not amiss here to caution persons prone to colds that the

habit of over-clothing increases this liability. This cold-catching tendency may be obviated by using a moderate amount of clothing, taking a cold sponge-bath every morning, and occasional wet-sheet packing, or the Turkish bath once or twice a week.

On catching cold a patient with lungs previously healthy becomes troubled for some time with chronic catarrh, accompanied by considerable expectoration and some shortness and oppression of breathing. In such a case the Turkish bath generally affords prompt and great relief, checking the expectoration and easing the breathing. In bronchial asthma and emphysematous asthma, a course of Turkish baths, say one every second or third day, is very useful; this subdues chronic bronchitis and renders the patient less liable to catch cold. A large chamois leather waistcoat reaching low down the body and arms, and worn over the flannel, affords great relief in bronchial asthma and emphysematous bronchitis. This jacket is extremely warm, and protects the chest against the vicissitudes of weather. It is a nasty practice to wear it next the skin.

At the commencement of a feverish cold a Turkish bath will cut the attack short, remove the aching pains, and relieve or cure the hoarseness at once. The bath will still prove very useful for a cold of several days' standing, though its good effects are less striking. The Turkish bath will relieve or carry off the remains of a general severe cold, as hoarseness, cough with expectoration, and lassitude. Whilst in the hot chamber the voice generally becomes quite clear and natural, though the hoarseness may afterwards return in a slight degree; but it usually continues to improve, becoming natural in a day or two, a repetition of the bath aiding complete recovery. In more obstinate cases several baths may be required. Great improvement of the voice in the hot chamber may be taken as a proof that the bath will benefit, even though, after the bath, the hoarseness returns to a great extent.

The Turkish bath is serviceable to persons who after dining out, not wisely but too well, suffer next day from *malaise* and slight indigestion. A course of Turkish baths is very beneficial to town-dwellers leading a sedentary life, who, especially if they live freely, are apt to become stout with soft and flabby tissues, are easily tired, suffer from lack of energy and some mental depression. Under the influence of the bath their muscles become firmer, the fatness decreases, and they acquire more spirit and energy.

A course of Turkish baths is useful to patients whose health has broken down by residence in a tropical climate, who suffer from general debility, enfeeblement of mind, dull aching pains in the head, and broken sleep. I have heard the Turkish bath, even its daily use, recommended highly for convalescents from acute diseases, to promote assimilation, digestion, and appetite. Patients suffering from jaundice, acquired in a tropical climate, or from malaria, have often

testified to the beneficial effects of Turkish baths; but it is necessary, as indeed it is with all persons with shattered health, to caution them against the too vigorous and unrestrained use of the bath. The patient should leave the hot chamber as soon as free perspiration occurs, and should not plunge into the cold bath, but take a douche with slightly tepid water, especially in cold weather.

Many dread the Turkish bath lest they should catch a cold, and one often hears complaints of a cold coming on after a bath. So far from tending to give cold, these baths, as we have said, obviate the tendency to catarrh, and fortify delicate persons against a cold-catching tendency. If ever the bath is answerable for a cold, it is almost always owing to the bather leaving the bath-house too soon, perhaps in inclement weather, whilst his skin is still perspiring freely, or his hair is soaking wet.

Again, it is not unusual to hear complaints that the bath has induced considerable depression, or even exhaustion, lasting perhaps several days; but here again the fault rests with the bather. The bath must be adapted to the strength of the patient, and it is always prudent to take the first bath circumspectly, the bather not staying too long in the hot chamber, and undergoing the bracing application only a few seconds, with water not very cold. It is difficult to point out the precise time a bather ought to remain in the hot chamber. If delicate, and it is his first bath, he should not enter a chamber hotter than 130° to 140° Fah., and should stay there only twenty minutes or half an hour, or less, should he feel faint or tired. The patient's sensations are the best guide; sometimes, especially if suffering from pain, the bath soothes and eases, and then he can remain in the hot chamber an hour, the first bath; but, I repeat, he should at once leave when he feels faint or tired. At first, the patient, not seldom, on commencing the bath, fails to perspire; in this case he should be removed from the chamber in ten minutes, have warm water poured over him, and be well shampooed, and, unless he is tired and faint, should then return to the hot chamber. It is a rule in these establishments to advise even an old bather not to enter the hotter chamber of 180° to 220° Fah. till the skin has become moist with perspiration; though many disregard this injunction with apparent impunity. Even if the first bath causes some depression, this need not happen afterwards, partly because the bather will have become accustomed to the process, and partly because he will know how to adapt it to his strength. Yet it must be admitted that some persons, even with every precaution, cannot take a Turkish bath without experiencing much depression.

Acute rheumatism and acute gout have been treated with these baths; but, as in most instances, the severity of the pain renders it impracticable to take patients thus affected to a Turkish bath, a modified substitute for it, shortly to be described, may be taken at home.

The acute pain of gout, it is said, disappears in the hot chamber, to return soon afterwards in a diminished degree.

The Turkish bath is particularly valuable in subacute and chronic gout, but, as might be expected, it is not in all cases equally serviceable. In long-standing cases in which the attacks have occurred so frequently as to distort the joints by deposits, and patients are, perhaps, liable to repeated relapses, and are scarcely ever free from pain, the efficacy of the bath, though striking, is less apparent than in milder and more tractable forms; yet even in these severe cases the bath affords considerable relief by diminishing the frequency and severity of the relapses, and by removing the pervading sensation of invalidism. The Turkish bath is, perhaps, more efficacious than other remedies in a case of the following kind:—A patient inclined to stoutness complains of slight and fugitive pains: the joints, but little swollen, are merely stiff and a little red and hot. The gout affects many parts often in succession —the joints, the head, the back, and perhaps some of the internal organs, as the bladder, &c. During an attack the patient complains of *malaise*, and his complexion often becomes dullish. The tissues are often soft and flabby, and, in spite of judicious diet and abundant exercise, the patient may be seldom free from some evidence of gout, sufficient to annoy, but not to disable him for work. After one or two baths the pains, the swelling, and the *malaise* disappear, the joints become supple, and after a time the baths being continued, the complexion loses its sallowness, the tissues become firm, and the undue stoutness undergoes diminution. On discontinuing the baths the gouty symptoms will often recur, again to disappear on the resumption of the treatment. A gouty patient may advantageously supplement the action of the Turkish bath by drinking certain suitable natural mineral waters.

The Turkish bath is useful in the various kinds of chronic rheumatism.

A patient who, in damp weather, or during an east or north-east wind, suffers from stiffness and pains in several joints, will derive much benefit from a Turkish bath. The shoulder joint is often affected, the pain and tenderness being frequently limited to a small spot.

Again, a patient without any previous history of rheumatism finds his shoulder set fast, is unable to move it, except to a limited extent, without great pain. Here, again, the pain and tenderness may be very circumscribed. In such a case a Turkish bath generally affords great relief. Galvanism, too, even one application, will often entirely remove or greatly lessen the pains and stiffness. Again, the Turkish bath gives much relief in mild and chronic rheumatoid arthritis, and often retards the march of this disease. The bath often relieves lumbago.

Mr. Milton finds the bath useful in allaying the tormenting itching of prurigo unconnected with lice.

Should it happen that the regular Turkish bath is not available, then one or other of the following modifications of it may be substituted:—The patient, quite naked, seated on a wicker chair, with his feet on a low stool, is enveloped in two or three blankets, the head alone being exposed, and a spirit lamp with a large wick is placed under the chair. In about a quarter of an hour perspiration streams down the body, and this secretion may be increased by drinking plentifully of water, and by placing a pan of water over the lamp. When the patient has perspired sufficiently the blankets are quickly removed, and one or two pailfuls of cold water are poured over him; or, if this affusion is too heroic, he may step into a general bath at 80°, or, better still, a few degrees lower. Dr. Taylor, of Nottingham, finds this treatment useful in obstinate skin affections, rheumatism, catarrh, syphilis, and in reducing stoutness arising from an inactive life. The instrument makers now supply convenient forms of the domestic Turkish bath. It is far better, however, when practicable, to employ the Turkish bath itself.

Dr. Nevin highly recommends the following handy steam-bath in the treatment of acute rheumatism, available when the patient is lying helpless and irremovable in bed:—A couple of common red bricks are placed in an oven hot enough for baking bread, and in half an hour, or little more, they are sufficiently heated for the purpose. The patient's body linen having been previously removed these two bricks are folded in a piece of common thick flannel, thoroughly soaked in vinegar, and laid on two plates; one is to be placed about a foot distant from one shoulder, and the other about equally distant from the opposite leg, and the bed-clothes are then to cover the bricks and the patient closely round the neck. A most refreshing acid steam-bath is thus obtained; and the supply of steam may be kept up, if necessary, by removing one brick and replacing it by another hot one kept in reserve. When the patient has been in the bath for fifteen or twenty minutes the bed-clothes and plates should be removed, and *the patient instantly mopped all over, very rapidly with a towel wrung out in cold water*, and then quickly rubbed dry. Dry warm linen must be put on at once, and dry bed-clothes must replace those which were on the bed previously. The under sheet can be removed, and a dry one substituted by fastening the corners of the dry sheet to those of the damp one; generally very little difficulty is met with in simply drawing the old sheet from under the patient, when the dry one follows it, and is left in its place. The patient ordinarily experiences great and speedy relief from this bath. The exhausting sweats are usually diminished, and the necessity of opium much lessened. The change of the body linen can be easily accomplished by tearing the night shirt open from top to

bottom down the back. The steam-bath and subsequent cold douche should be continued after the patient is able to walk about, as they contribute to the healthy action of the skin and promote free mobility of the joints. After the patient is able to get out of bed the bath may be administered in the manner previously described. The steam-bath, according to Dr. Sieveking, relieves the pain and checks the perspiration in acute rheumatism to a degree he has failed to attain by any other treatment.

Or the following method may be used as in some degree a substitute for a Turkish bath. After a general hoth bath, sponge all over with tepid or cold water; or sponge the whole body first with hot water and then for a short time with cold water.

Some persons who cannot stand the usual morning cold tub can substitute these methods with much benefit, and obtain the tonic invigorating effects which follow the morning flat sponge-bath.

POULTICES AND FOMENTATIONS.

Poultices and fomentations in such common use are simply local baths applied to the skin. When its surface, or the structures beneath it are inflamed, poultices and fomentations are a convenient and efficacious means of utilizing warmth and moisture in the treatment of diseased parts. The warmth and moisture relax the vessels, and increase the collateral circulation, and in some degree abate the tension due to inflammation, and so relieve pain. Applied at the very beginning to inflamed tissues, to abscess, inflamed pimples, and the like, poultices often summarily check the inflammation, and prevent the formation of pus. Fomentations with water as hot as can be endured also arrest inflammation and check the formation of matter, and should be generally employed as adjuncts to poultices. Hot fomentations will often disperse or restrict the development of acne indurata, herpes labialis, and similar inflamed pimples apt to appear on the face.

These applications are of further use when suppuration has set in and matter requires to be expelled. Poultices greatly facilitate the passage of the matter to the surface and further its expulsion, while, at the same time, they limit considerably the spread of inflammation in all directions. Here, again, very hot fomentations, often repeated, continued for some time, are a useful supplement to poultices.

It should be remembered that much depends on the heat of the application. Poultices should be always applied as hot as they can be borne, and should be frequently changed, lest they become cold and hard. Indeed, they can scarcely be changed too often; in hospital

practice it is difficult to constantly renew poultices; yet even in such institutions, where the supply of nurses is limited, poultices should be changed at least every two or three hours.

When applied to disperse inflammation, or to hasten the maturation of abscesses, the poultices should be large, reaching beyond the limit of the inflamed tissues: but as soon as the abscess or boil has matured and burst, the poultice should be very little larger than the opening in the skin through which the matter escapes. A large poultice, applied over-long, soddens and irritates the skin, and is very liable to produce an eruption of eczema, or to develop fresh boils around the base of the original one.

Open sores, like discharging abscesses, or sloughing sores or ulcers, are best treated with lint soaked in a saturated solution of boracic acid, or some other antiseptic agent, to destroy germs, and so prevent suppuration and further destruction of tissue. The boracic application is useful in the inflamed stage of eczema.

In the treatment of boils, carbuncles, abscesses, and inflamed lymphatics, it is an excellent plan to smear over the inflamed tissues a compound of equal parts of extract of belladonna and glycerine, and on this dressing to superimpose a poultice. The belladonna eases pain and reduces inflammation. (See Sulphides.)

In order to protect the adjacent tissues from the undue action of the poultice, so as to check the production of fresh boils, it is a good plan to place over the boil a piece of opium plaster with a circular hole, and to apply the poultice only over the plaster. Another protective plan is to smear the contiguous surface with zinc ointment.

Poultices moderate the inflammation and alleviate the pain in skin diseases, as eczema, &c., when the skin is highly inflamed, painful, red, and swollen.

Poultices are not only soothing when in direct contact with inflamed tissues, but they appear to act in the same manner on deep-seated parts. Large poultices applied very hot, and removed as soon as they become cool, are of great service in pneumonia, pleurisy, bronchitis, pericarditis, peritonitis, &c. To avoid exposure of the warm moist skin, the old poultice should not be removed till the new one is ready to replace it.

These applications are extremely useful to children attacked with bronchitis, broncho-pneumonia, or lobular pneumonia. As young children are apt to be restless, and to toss about in bed, the entire chest should be enveloped in a jacket-poultice. The ordinary poultice soon becomes rucked up, and converted into a narrow band encircling only a very limited portion of the chest, whilst the uncovered part of the chest is exposed to cold. The jacket-poultice should be constructed with a piece of linen sufficiently large to go quite round the chest, and tapes should be sewn to it in such a manner that they

can be tied in front, and over each shoulder. It is as well to have three pairs of tapes, so as to admit of three fastenings down the front of the chest.

A poultice, to retain its heat, should be spread an inch or more thick, or it may be made thinner, and externally coated with a layer of cotton-wool. The cotton-wool being light, does not hamper the breathing—a matter of importance, especially with children.

In inflammation of deep-seated organs the same methods, modified to suit the part, should be adopted. In peritonitis it is of great importance to spread the poultice thin and cover it with a layer of cotton-wool; if heavy it aggravates the pain.

Poultices are useful in acute rheumatism, lumbago, sciatica, pleurodynia, myalgia, and in those so-called rheumatic pains which often attack limited parts of the body, as one arm, &c.* They are soothing and pleasant to the inflamed joints in rheumatic fever, although cotton-wool is often preferred. In acute lumbago, poulticing often brings speedy relief, the severest cases being greatly benefited in a few hours, and generally cured in one or two days. The poultice must be very hot, and large enough to cover the whole loins or part affected, and thick enough to remain quite hot for half an hour, when it must be changed. If the pain is persistent this treatment should be continued for three hours, or longer; the skin must then be covered with a piece of flannel, and the flannel covered with oil-silk; this after-treatment promotes, what is most desirable, free perspiration.

When electricity, the needle, or poultices fail to give more than slight temporary relief, it will often be found that the lumbago is accompanied with high fever, being sometimes the first symptom of an attack of rheumatic fever.

Sciatica may be treated in the same way, but the result is not often so satisfactory. (*Vide* Ether.)

Poultices applied in the same way as for lumbago, and followed by the application of lint and oilskin, are often useful in severe forms of pleurodynia and myalgia. Belladonna liniment is usually sufficient, and even to be preferred in pleurodynia; and sometimes ether spray at once and permanently removes the pain of this annoying affection.

As we have said, poultices may be made of various substances—linseed-meal, oatmeal, bread, or starch. Each has its peculiar character. Linseed-meal and oatmeal poultices have most properties in common;

* Galvanism is highly useful in some forms of these complaints, especially in lumbago. In sciatica it gives at least temporary relief, and in some cases a few applications effect a cure. Sciatica and deep-seated pains about the shafts of the long bones, even the dull aching pain in the joints, which not unfrequently remains after an attack of acute rheumatism, will often yield to galvanism.

they make compact and only slightly porous poultices, retaining heat and moisture longer than other kinds, and are consequently often to be preferred to bread or starch. But linseed contains an acrid matter, which sometimes irritates, especially if the skin is of a fine and delicate texture, or if it is inflamed by some eruption, in which case oatmeal or bread must be substituted. Bread poultices are more porous and blander than those of linseed-meal, but the porosity depends very greatly on the way of making them. Bread poultices cool more quickly, and give less moisture to the skin than those made of linseed-meal. Starch poultices retain their heat for a considerable time, and are very bland, unirritating applications.

It is as well to mention that linseed-meal poultices are more tenacious than those made of bread, and are therefore less liable to break up and fall about the bed and clothes of the patient, rendering him uncomfortable.

In making a poultice care should be taken that the water boils, and that all the materials, linseed-meal, linen, strappings, bandages, or tapes, wool and oil-silk, are close at hand ready for use, and placed before a good fire to be thoroughly warmed. To manufacture a linseed poultice sufficient boiling water should be poured into a heated bowl, and the meal must be quickly sprinkled into the bowl with one hand, while with the other the mixture must be constantly stirred with a knife or spatula, till sufficient meal has been added to make a thin and smooth dough. The mixture should be compounded as rapidly as possible, otherwise the poultice when made will be almost cold. Only an experienced hand can make a model poultice. By adding the meal to the water, with constant stirring, instead of the water to the meal, a thorough blending of the two ingredients is ensured, not a knotty, lumpy, uncomfortable mass, too often vexing instead of soothing the patient. The dough must then be spread quickly and evenly on the warm linen, already cut of proper size and shape, the edges of the linen turned a little way over the meal to prevent any portion escaping beyond the linen, and to protect the patient's clothes.

There are two methods of making bread poultices. One way is to cut the bread in thickish slices, put it into a basin, pour boiling water over it, and place the soaking mass by the fire for five minutes ; then pour off the water, add fresh boiling water, and place by the fire ; afterwards draining the bread, beat up with a fork, and spread the poultice. The other plan is to cut stale bread into thick slices into a saucepan and pour enough boiling water over it to cover it ; place the whole by the fire, and allow it to simmer for a short time, then strain and prepare the poultice. The first plan makes a porous poultice, the second a more compact poultice, sharing the character of linseed-meal. As we shall see, each poultice has its fitting application.

Bran poultices are useful on account of their lightness.

Starch poultices are entirely unirritating, and retain their heat for a considerable time. The way to proceed is to add a little cold water to the starch, and to blend the two into a pap; then add sufficient boiling water to make a poultice of the required consistence, which must be spread on linen in the manner already described. Starch poultices soothe open cancers, and allay skin eruptions, when there is much inflammation, heat, and pain.

There are several ways of employing charcoal as a poultice. It is used to prevent disagreeable odours from foul sores, and it is thought also to promote a healthy condition of the tissues. When employed for this double purpose charcoal is added to the poultice. As a porous poultice is here required, bread is better for the purpose than linseed-meal. A portion of the charcoal should be uniformly mixed with the bread, but the greater part should be sprinkled over the surface of the poultice. It is doubtful whether a charcoal poultice is greatly superior to a simple bread poultice; for the charcoal must soon cease to absorb gases, and thus lose its deodorizing property. It may, perhaps, promote a healthier condition in the sore. If the object is merely to prevent disagreeable smells and to keep the air of the room pure, the plan pointed out in the section on charcoal is to be preferred.

It is a good practice to sprinkle foul, sloughing, putrid sores with dry charcoal, and over the charcoal to place a simple poultice, or to make the poultice of well-toasted or of burnt bread. This treatment appears to hasten the separation of the sloughs, and to promote a healthier state of the tissues, and may be applied to a boil when the core is separating, or to a bed-sore while the black slough still adheres to the living tissues.

Some maintain that a yeast poultice is useful in sloughing sores, and that it prevents destruction of the tissues, and promotes the separation of sloughs. Yeast poultices are made in two ways. Yeast and water may be added to flour till ordinary dough is made, and the dough is applied while fermentation is going on. In this case it is simply an application of "rising dough." The other way is to smear warm yeast over the surface of a simple bread poultice.

A carrot poultice, which is supposed to make wounds cleaner and healthier, is made by boiling carrots till they become quite soft, mashing them with a fork, and spreading the pulp on the linen in the ordinary way.

To sloughing sores, as we have seen, better apply some efficient antiseptic. They should be washed with saturated boracic acid solution, or with carbolic acid solution, &c., and then covered with lint or cotton-wool soaked in one or other of these solutions.

Laudanum is sometimes added to poultices to ease pain; and it is especially effectual when the skin is broken.

Solutions of chloride of lime or of soda may be added to poultices to destroy offensive gases given off from unhealthy sores.

In eczema, with much inflammation and sensation of heat, Dr. McCall Anderson recommends a cold potato poultice sprinkled with a small quantity of absorbent powder, containing camphor. The powder, a useful dusting powder without the poultice, is composed of half a drachm of camphor, reduced to powder, with rectified spirit and three drachms each of powdered talc and oxide of zinc.

Professor Marshall employs an iodide of starch poultice to clean sloughing sores. A jelly is made with two ounces of starch mixed with six ounces of boiling water, to which before it cools should be added half an ounce of liquor iodi. The mixture is spread on lint, and applied cold.

Fomentations by means of flannel wrung out of boiling water are employed for similar purposes as poultices. They are used for the sake of their moisture, but especially for their warmth, and they differ from poultices in being less weighty, and therefore less likely to increase the pain of very tender parts. The flannel is wrung out by means of a wringer made of stout towelling attached to two rods. The boiling wet flannel is placed in the wringer, which is then twisted round the flannel very strongly, till the water is thoroughly squeezed out. As the flannel when first taken from the boiling water is too hot to be held in the hands, the wringer is useful. In the absence of a wringer an ordinary towel will answer fairly well. Wrung as dry as possible, these fomentations may be used very hot without fear of scalding or blistering the skin. The fomentation should be covered outside with a piece of macintosh, and tied on with bandages. As hot fomentations quickly cool, and being chiefly used for the sake of heat, they must be frequently renewed: when finally removed, the skin must be carefully wiped dry, and covered with flannel or cotton-wool to prevent catching cold.

Fomentations, in a less degree poultices, relax spasm in the internal organs, as in intestinal, renal and biliary colic. In very extensive inflammation fomentations are preferable, as a large poultice is heavy and uncomfortable. Thus fomentations are employed when a limb is extensively affected with erysipelas, or when the tissues have been widely contused and have become inflamed.

Sponging the face with water as hot as can be borne is a very useful application in acne indurata; it will disperse the incipient spots, and limit the size and hasten the maturation of the more matured ones, and at the same time greatly lessen for some hours the redness of the eruption.

Twenty or thirty drops of turpentine sprinkled on a hot fomentation of the above description makes a good counter-irritant, useful when it is needful to combine a stimulating with a warm, soothing action.

An alkaline poultice, composed of nine parts of linseed-meal and one part of bicarbonate of soda, is a useful application in gout.

Sometimes it is desirable to apply heat to a part of the surface of the body, when at the same time it is important to avoid relaxation of the tissues which moisture would produce. In such cases various dry, strongly heated applications are used. Flannel, almost scorched before the fire, or in an oven, is sometimes employed, but it speedily losses heat. Sand or chamomile flowers retain heat far better; they may be strongly heated over the fire in an iron pan, and then be run into a heated linen bag made for the purpose, of such shape and construction that the contents shall form a thickish and even layer. Each substance possesses its respective advantages; sand, though heavy, retains heat; chamomile flowers, though light, soon lose their warmth. A thin piece of flat tile heated in the oven, and wrapped in flannel, is lighter than sand, retains its heat for a considerable time, and is easily procured. These applications are of great service in relieving the pain of spasms.

THE MEDICINAL USES OF ICE.

Ice is frequently used to abstract heat, to check bleeding, to allay inflammation, and to destroy sensation. Ice broken up with the help of a large needle into fragments may be enclosed in a bladder or thin india-rubber bag, first squeezing the air out of the bag. After filling the bag about one-third of its capacity, its mouth should be tied on a cork, so as to afford a purchase for the twine. The ice-bag may then be adapted to almost any shape, and fitted to the inequalities of the body, and, if required, may be fashioned into a sort of cap for the head.

This cap is applied to the head in tubercular and simple meningitis, and may be employed to allay the severe headache of the early stages of acute fevers. Sometimes the ice-bag laid on the epigastrium will ease the severe pain and vomiting of chronic ulcer, or of cancer of the stomach. It may be applied in prurigo of the vulvæ; other treatment, however, is generally to be preferred.

In typhlitis and typhoid fever an ice poultice applied over the right side of the lower part of the abdomen is often useful in relieving inflammation and pain.

A lump of ice inserted into the uterus, or pushed into the rectum, is sometimes used to arrest uterine hæmorrhage after delivery.

Ice is used internally for a variety of purposes. Sucking ice allays thirst, and is very grateful to fever patients. It is likewise sucked

to check bleeding from the mouth or throat, stomach or lungs. To check bleeding from the stomach small pieces should be swallowed.

The constant sucking of ice is most efficacious in combating acute inflammation of the tonsils or throat; it also is very beneficial in the sore-throat of scarlet fever, and other acute specific throat diseases, and even in diphtheria. It often proves most soothing, allays the heat and pain, and checks the abundant secretion of mucus, which is so harassing from the constant hawking and deglutition it occasions. In tonsillitis, and indeed in all inflammations of the throat, the good effects of ice, especially when used at the very beginning of the attack, are most marked. The ice should be sucked as constantly as possible, and be continued till the disease has fairly declined.

In the same way ice is employed to allay the nausea, sickness, and pain of disease of the stomach.

Ice may be applied to an inflamed and prolapsed rectum or uterus, to reduce inflammation and swelling, so as to enable these parts to be returned to their proper place.

Some apply ice to the head in delirium tremens and in the convulsions of children.

The application of a small bladder or india-rubber bag of ice will dull or even neutralize pain from inflamed piles, or after an operation for piles or fissure of the anus.

M. Diday strongly recommends the local applications of ice in certain painful affections of the testis, as neuralgia and blenorrhagic orchitis. Two pigs' bladders partially filled with ice are applied one under the other over the testis, the neighbouring parts being protected with napkins. The pain in orchitis is at first rather increased, but soon declines, and in a few minutes altogether ceases. The continuous application of ice-bladders for twenty-four to forty-eight hours in many cases permanently removes the pain. If on pressure any tenderness remains, the pain will return, and the ice must be continued three, or four, and even five, days, according to circumstances. On discontinuing the ice, wet cold cloths should be used, to permit the tissues to return gradually to their normal temperature.

Two parts of finely-pounded ice with one part of common salt produces cold sufficient to freeze the tissues, and to deprive them of sensibility. This mixture, largely used by Dr. Arnott, is confined in a gauze-bag, and placed in contact with the skin till sensation is abolished, and the skin has a leathery feel, and assumes a shrunken tallowy appearance. If applied too long, this mixture may vesicate; but this will not occur under five or six minutes. This application is employed to prevent the pain of minor operations, as extraction of the toe-nail, and the opening of abscesses. Dr. Arnott recommends it in chronic rheumatism, in erysipelas, lumbago, and in wounds. In chronic rheumatism it should be applied to the diseased joints for six

minutes; it should then be replaced for a short time by pounded ice, to prevent the occurrence of inflammation from too rapid a return of heat to the tissues. An attack of lumbago may be often cured by freezing the skin over the painful part. Dr. Arnott asserts that when applied to wounds this mixture prevents inflammation without hindering union by the first intention.

When applied for some hours this mixture destroys sensibility to such a degree that chloride of zinc paste may be used in quantity sufficient to destroy the tissues to a considerable depth, without inducing pain or inflammation. But ether spray, so conveniently and rapidly used in the manner introduced by Dr. Richardson, is now generally preferred for the purpose of freezing the tissues. Chloride of methyl spray applied by a suitable instrument from the condensed gas is more certain in its freezing action than ether spray.

A single application of ether spray will often remove lumbago;* ether spray sometimes relieves sciatica, and those frontal headaches commonly called nervous, arising from either mental or bodily fatigue. Frontal headache, dull and uniform in character, lasting many days, occurring not uncommonly after excitement or an acute illness, such as erysipelas, a severe cold, or a sore throat, often succumbs to ether spray; but it is generally requisite to freeze the skin of the forehead.

An ice poultice, *i.e.*, finely broken ice in a thin india-rubber bag, is a useful application to the throat in tonsillitis, scarlet fever, and diphtheria, especially when the lymphatic glands become greatly swollen and threaten to suppurate. I have seen swelling of the glands behind the angle of the jaw so great that swallowing was well-nigh impossible, become so much reduced after a few hours' application of an ice poultice that the child was able to take food easily.

ON THE SPINAL ICE-BAG AND THE SPINAL HOT-WATER BAG.

The profession is indebted to Dr. Chapman for the introduction of these appliances.

Concerning the spinal ice-bag, Dr. Chapman says, "I have proved by numerous experiments that cold applied to the back exerts not

* The pain and stiffness of the muscles of the back in lumbago may often be instantaneously removed by running a needle an inch or more into the painful part; when the lumbago is double, this almost painless operation should be performed on both sides of the loins. Inserted along the course of the sciatic nerve, the needle sometimes affords instant and marked relief, even in very chronic cases of sciatica. This treatment, indeed, sometimes, as if by magic, cures severe and long-standing cases. The passage of an interrupted galvanic current will speedily relieve lumbago.

only a sedative influence on the spinal cord, but also on those nervous centres which preside over the blood-vessels in all parts of the body. The *modus operandi* of this influence on those centres, and its effects, may be thus stated: '1st. It partially paralyzes them. 2nd. By means of the partial paralysis thus effected it lessens the nervous currents in the vaso-motor nerves emerging from the ganglia or nerve centres acted upon, and stimulating the muscular fibres surrounding the arteries influenced. 3rd. By thus lessening those currents it lessens the contractile energy of the muscular bands of the arteries to which those currents flow, and by doing so facilitates the dilatation of those arteries themselves. 4th. By thus inducing the condition of easy dilatability in the arteries acted upon, it enables the blood which flows in the direction of least resistance to enter them in greater volume, and with greater force than before.'"

These effects are analogous to those obtained by Claude Bernard. On dividing the sympathetic nerve, he found that the vessels of the parts supplied with this nerve became dilated and received an increased supply of food, with a proportionate augmentation of the vital properties. Chapman avers that, "Those phenomena which Professor C. Bernard produced in the head of an animal by section of the cervical sympathetic I have induced in the head, thorax, abdomen, pelvis, and four extremities of man, by the application of ice to the different parts of the back."

To supply an increased afflux of blood to any part of the body, Dr. Chapman applies the ice-bag to various parts of the spine; to the neck and between the shoulders, when more blood is needed for the head; to the upper part of the back, for the chest and arms; to the lower part of the back, for the abdomen, pelvis and legs. Dr. Chapman says:

I. "*Muscular tension is diminished by the application of ice along the spine.*" In support of this statement he asserts that the ice-bag will prevent the cramps of diarrhœa and cholera, and is useful in laryngismus stridulus, chorea, tetanus, infantile convulsions and epilepsy, and "in prolonged muscular rigidity due to acute or chronic disorder of the nervous centres."

II. "*Sensibility is lessened by the application of cold along the spine.* This is proved conclusively by my experience, which has been considerable, in the treatment of neuralgia."

III. "*Secretion is lessened by the application of cold along the spine.* I have assured myself by experience in numerous cases of the truth of this proposition. Morbidly excessive sweating, bronchorrhœa, the excessive action of the alimentary mucous membrane constituting the chief cause of diarrhœa, excessive action of the kidneys, leucorrhœa, and spermatorrhœa, I have restrained over and over again by cold properly applied to the appropriate part of the spine."

IV. "*The peripheral circulation, and consequently bodily heat, is*

increased by ice applied along the spine." He narrates the following singular cases in confirmation of this proposition: "A woman, aged sixty, who for more than twenty years had always been cold to the touch, even over her shoulders and bosom, though she was warmly clothed; and her feet were habitually and extremely cold.—After using ice during three weeks, several hours a day, the whole surface of the body, including her feet, became wonderfully warm. She was extremely astonished by the increase of the temperature of her body, as well as by the subsidence of every symptom from which she had suffered for so many years; and when she called upon me a week after the treatment had ceased, her newly-acquired increase of general circulation, denoted by her increased warmth, still continued. Case 2 of this series affords a remarkable proof of the proposition in question: The patient, a man aged fifty-six, who seemed nearly seventy, suffering from paralysis, epilepsy and other grave troubles, complained that he was always 'cold all over'; that he suffered especially from coldness of the feet, even in the hottest weather, and was obliged, as his wife said, 'to sit near the fire in summer.' Within one week after the treatment, which was continued three months, this patient had become warm all over—especially the feet. Within a month he said, 'I feel as well as possible; but very hot, very hot.' In this case, after the ice had been left off for some days, the patient became cold again."

Dr. Chapman asserts that ice applied along the lower dorsal and lumbar-vertebræ, by increasing the amount of blood supplied to the pelvic organs, promotes menstruation, and will even restore the suppressed monthly flux. The ice-bag, by increasing the flow of blood to the legs, proves very comfortable to persons harassed with cold feet; and I have often seen the feet become comfortably warm a few minutes after the application of the ice.

Dr. Chapman asserts that ice applied along the spine is extremely useful in cholera and tetanus, in sea-sickness, and the vomiting of pregnancy.

THE SPINAL HOT-WATER BAG.

The physiological effects produced by heat to the spine are, as might be inferred, the opposite of those induced by cold. Dr. Chapman says that, "1st. The temperature of the sympathetic ganglia being raised, the flow of blood to them becomes more copious, and the functions consequently become more energetic than before. 2nd. Their nervous influence passes in fuller and more powerful streams along the nerves emerging from them, and ramifying over the blood-vessels which they control. 3rd. The muscular bands surrounding

those vessels, stimulated by this increased nervous afflux to contract with more than their usual force, diminish proportionably the diameter of the vessels themselves. 4th. The diameter of the vessels being thus lessened, the blood flows through them in less volume and with less rapidity than before; indeed, it is probable that, while the nervous ganglia in question are made to emit their maximum of energy, many of the terminal branches of the blood-vessels acted upon become completely closed." The temperature of the hot-bag should not exceed 120°.

Dr. Chapman employs heat along the spine to contract the blood-vessels, and states that if properly applied it will not only lessen but will arrest the menstrual flow. He asserts, as the result of his experience, that it will arrest menorrhagia and bleeding from the nose and lungs. In bleeding from the nose or lungs the hot spinal bag must be applied along the cervical and upper dorsal vertebræ; in menorrhagia, along the lower dorsal and lumbar vertebræ.

THE INTERNAL USE OF WATER.

A FEW remarks may be made here conveniently on the drinks best suited to fever patients. The importunate and distressing thirst often causes much restlessness and irritability, whilst these in their turn often increase the fever. Therefore, the urgent thirst must be allayed; but if left to himself a patient, to satiate his craving, will always drink to excess, which is very liable to derange the stomach, impair digestion, produce flatulence, and even diarrhœa. Theory and experience both show that drinks made slightly bitter and somewhat acid slake thirst most effectually. A weak infusion of cascarilla or orange-peel, acidulated slightly with hydrochloric acid, was, with Graves of Dublin, a favourite thirst-quelling drink for fever patients. Raspberry vinegar is a useful drink. Sucking ice is very grateful. Sweet fruits, although at first agreeable and refreshing, must be taken with care and moderation, for they often give rise to a disagreeable taste, and are apt to produce flatulence or diarrhœa. There is no advantage in "curtailing beyond a moderate degree the amount of water drunk by diabetic patients. The urine and sugar may by this means be lessened, but the general distress increased" (Roberts). In the thirst of diabetes Prout recommends tepid drinks.

Rinsing the mouth with water as hot as can be borne will often relieve and indeed sometimes subdue toothache, though occasionally cold water answers better.

Water is necessary both for the digestion and solution of food,

but an insufficient as well as an excessive quantity are alike harmful. The character of the fermentations, it is well known, depends on the amount of water present; for instance, with sugar, if there is but little water present, no fermentation will take place; while, on the other hand, with excess of water, acetous, instead of vinous fermentation, will be set up. It is more than probable that the quantity of water taken with the food may, in a similar way, affect the changes which it undergoes in the stomach. This much is certain, that the drinking habitually an excess of water with the meals often aggravates dyspepsia, and, on the other hand, indigestion appears in some cases to be connected with an insufficient quantity of fluid. Flatulent dyspepsia is often traceable to excess of drinking at meal-times.

Too much water taken with the food impairs digestion, simply by diluting the gastric juice, and so weakening its solvent power. The popular idea proves to be correct, that drink should be taken chiefly at the end of the meal, when it serves many useful purposes; it then aids the passage of the peptones from the intestines to the blood, and so favours the continuance of digestion, since it is held that these peptones hinder that process until they pass from the canal. Moreover, indigestible substances, only partially dissolved, are carried by the fluid through the pylorus into the intestines, and there subjected to further digestion or are eliminated with the motions, thus removing a source of irritation from the stomach and intestines. The prevailing, perverse modern fashion of tea-drinking a short time before dinner cannot be too strongly condemned; the early tea, if permissible at all, should be taken at least two hours before dinner.

In our desire to avoid the ingestion of too much drink we must be careful not to err on the side of undue abstinence, for it has been shown that a proper amount of water favours the secretion of the gastric juice, and promotes the passage of the peptones into the blood. Iced drinks at meal-time are often harmful by constringing the vessels, and preventing the secretion of the due quantity of gastric juice.

Chomel described, and Dr. Thorowgood recently narrated, some cases of a form of dyspepsia, called by him "indigestion of fluids," characterized by uneasiness after drinking, and a splashing noise heard on percussing the stomach or shaking the body, even when the patient has taken no drink for some hours. The best treatment for this curious indigestion is not to drink till some time after a meal, and as little as is compatible with comfort.

After taking an emetic, warm water, or various infusions, as chamomile tea and mucilaginous drinks, are employed to promote vomiting. For this purpose, the quantity of fluid taken should not be too large, otherwise it distends the stomach, paralyzes its muscular walls, and

impedes, instead of promotes, vomiting. Half a pint to a pint is sufficient.

The action of water in the intestines is similar to that in the stomach, and its presence is necessary for the absorption of the digested substances in this part of the canal.

A glass of cold water, taken early in the morning, acts to some persons as a purgative. The cankery taste, hot sensation in the mouth, and lack of appetite for breakfast experienced by many persons on waking is generally removable by drinking half a tumbler of pure cold water half an hour before that meal.

A glass of cold water, taken immediately on leaving bed, promotes the reaction after the "morning tub."

A too free indulgence in fluids often increases or keeps up diarrhœa.

Free water-drinking increases the water, but not the solids, of the fæces.

Water readily passes into the blood, but with certain limitations. When the system has undergone great loss of water, this fluid is absorbed with much avidity, and its rapid passage into the circulation may materially affect the blood; indeed, this sudden and copious influx of water is said sometimes to destroy cattle by the rapid destruction of the blood-corpuscles by osmosis. But when the amount of water in the blood is already ample, the absorption of a further quantity from the stomach and intestines is much diminished.

Excess of water is eliminated in various ways. Some, as we have said, passes off by the intestines; some is thrown off by the skin and lungs; but most is excreted by the kidneys. In six hours the chief part is eliminated, though after strong exercise much water is retained in the muscles considerably longer.

Copious drinking exerts a further action on the urine than that just mentioned; for not only does it increase the urinary water, but it also augments the other constituents as urea, phosphoric and sulphuric acid, and chloride of sodium. The augmentation of these constituents, with the exception of the chloride of sodium, is permanent, but with respect to this salt the increase is only temporary, for after awhile its amount falls below the quantity excreted in health, and thus the previous increase is balanced; and water must, therefore, in regard to common salt, be considered merely a temporary eliminator. The case is different, however, with urea, phosphoric and sulphuric acid; for water-drinking induces a fixed increase of these substances, giving rise not only to their increased elimination, but to their increased formation, which can happen only from augmented disintegration of substances containing nitrogen and sulphur. Did water-drinking exert solely a disintegrating influence, it would lead merely to a loss of weight; but simultaneously with this rapid disintegration a corresponding increase of assimilation takes place in the

same tissues; whence it happens that water, taken under certain precautions, may increase both construction and destruction of tissue, and so act as a true tonic, improving the vigour of body and mind. These considerations suggest an explanation of the benefit often derived from the "water treatment" in hydropathic institutions.

The effects of water-drinking vary in different persons. The disintegration is greatest in weakly persons, on whom this process may produce almost a febrile state. Disintegration is greater in children than in adults, and greater, perhaps, in women than in men. A high temperature of the water, or of the external air, increases disintegration. Bodily exercise produces the same effect (Parkes *on Urine*).

An old and useful practice of drinking a tumbler of hot water twice or thrice a day, midway between meals, has recently been revived. It is useful in flatulent and acid dyspepsia. After absorption it increases oxidation, and by flushing the kidneys tends to remove effete products from the blood. It is certain that many persons find much relief from this treatment.

ON ENEMATA.

Injections are used for a variety of purposes; to procure evacuations of the bowels, to restrain diarrhœa, to ease pain about the region of the pelvis, to destroy worms, to introduce medicines into the general system, and lastly, to pass nutritive substances into the rectum, in cases where food cannot be taken by the stomach.

For each of these purposes certain points must be attended to in the administration of enemata.

First, concerning injections used to relieve the bowels. It must be clearly understood that an enema seldom acts by merely washing away the fæces; for it acts efficiently when the fæcal matter is lodged high up the intestines; even in the transverse colon or cæcum. An injection probably stimulates the whole intestinal tract to more vigorous peristaltic action, by which means the contents are propelled along the canal, and finally expelled, the injected fluid distending the lower part of the large gut, and so exciting the vermicular action of the intestines far beyond the point reached by the fluid. The object, therefore, is to distend the rectum and the adjoining part of the intestine, but an enema constantly fails because not enough fluid is introduced to excite contraction. It is necessary to introduce a considerable quantity of fluid, as much as two, three, or even four pints. Any one who, for the first time, without due observance of certain conditions, attempts to introduce a copious injection into the rectum, will in all probability fail.

When a copious injection is to be given, the patient should be placed on the left side, and the fluid must be slowly pumped into the rectum; after a variable, but usually a short, time, the patient complains of inability to retain more, and suffers from colicky pain in the belly, and an urgent desire to empty the bowels. The pumping must now be intermitted for a while, and the patient directed to prevent the escape of the fluid; but if he is unable to control the sphincter, the administrator must help him. This can be done in several ways, each having for its object the strengthening the contraction of the sphincter. The simplest, but not always the most successful, plan is to firmly support the perinæum and structures around the anus, either with the bare hand or with the aid of a folded towel. Should this support prove ineffectual, which is often the case after a considerable quantity of fluid has been introduced, further assistance is afforded by passing into the rectum, alongside the nozzle of the enema-pipe, one, two, or even three fingers, as circumstances may require, and pressing them with the nozzle strongly upward. Stimulated in this way, the sphincter firmly grasps the fingers, and effectually prevents the escape of the fluid; indeed, with these precautions, almost any amount of fluid may be pumped into the intestines. From time to time the patient will complain of griping pains and an oppressive desire to go to stool, when the pumping should be stayed awhile, and recommenced as soon as these symptoms pass away. The operation over, the patient must be directed to lie quite quiet on the left side, and, if possible, to retain the fluid for ten minutes or more, so as to ensure a more active and thorough contraction of the bowels.

It need scarcely be mentioned that if the rectum or lower part of the large intestines is the seat of cancer, or is diseased in other ways, copious injections, and the introduction of a long tube, are attended with danger.

Sometimes the rectum and lower part of the gut are blocked to distension with fæces, against which the injected fluid impinges, and finding no passage it of necessity flows back through the sphincter as fast as it is pumped in. One or two ways may be adopted to force such a blockade. A hollow tube of some inches in length is passed through the impacted fæces, till its free extremity reaches the sigmoid flexture, or even higher. If the tube is passed through the accumulation in the intestine, the injection can easily proceed. Should this manœuvre fail, and the need is urgent to obtain an evacuation, then two or three fingers, according to the yielding of the sphincter, are to be introduced in the rectum to withdraw the fæces. This can be easily accomplished if the fæces are hard and firm. Obstinate constipation of this character occurs most commonly in diabetes. The hard and almost stone-like fæces can easily be withdrawn by the fingers in the manner described; and much more may be withdrawn

than is contained in the rectum, for although the intestines may be unable to force the hardened fæces through the sphincter, they are quite capable of propelling them into the rectum; consequently as fast as the fæces are withdrawn fresh supplies are propelled downwards within easy reach of the fingers.

Various fluids are employed as enemata. Sometimes simple warm water or gruel; at other times, to one or other of these is added soap, turpentine, castor-oil. When castor-oil or turpentine is added to the injection soap and gruel are generally employed to help to suspend these substances. It must be recollected that castor-oil and turpentine are lighter than water, and will float on its surface, so that if the oil or tupentine is added to the fluid to be injected, although the whole may be well stirred, yet, as the injection proceeds, the oil rises to the surface. As the tube of the syringe lies at the bottom of the vessel, the lower stratum of the liquid is first injected, and much of the oil or turpentine either floats on the surface or sticks to the sides of the vessel, while the small portion ultimately injected operates only upon the rectum and the neighbouring intestines. The object should be to make the oil or the turpentine, as the case may be, rise as high up the canal as possible, so as to bathe and influence the mucous lining of the intestines. The oil or turpentine, well beaten up with three or four ounces of gruel, or soap and water, should be first injected, and then the water is to be pumped in, so as to force the oil far up the intestinal canal.

A tablespoonful of senna leaves infused for ten hours in cold water, and then warmed to 100° Fah., makes an excellent evacuant enema.

What should be the temperature of an injection? Tepid fluid is generally used, but some consider that an injection differing in temperature widely from that of the body acts more energetically on the tissues, and excites the intestines to more vigorous action. Thus cold or hot water may be used, and very cold water may be injected without inconvenience, and without the patient's cognizance of its temperature.

It is unadvisable to use warm evacuant enemata habitually, lest a torpid condition of the intestines ensue, and so ultimately render the constipation worse.

Firm kneading of the abdomen night and morning for ten minutes often overcomes chronic constipation, especially in children.

As we have said, large quantities of water are employed to unload the bowels: but this is not the sole use of a free injection. If used comfortably warm, it is very soothing to the intestines and to the neighbouring organs. Thus warm injections will often much miti gate the pain of cancer, either of the intestines or of the adjacent organs; injections, also, often greatly relieve the very distressing

straining desire to evacuate, without any riddance of fæces, which occur in intestinal cancer. Warm injections soothe the pain of cystitis, prostatitis, abscess of the prostate, and pelvic and abdominal pains generally. (*Vide* Opium and Belladonna.)

In cases of much flatulent distension of the bowels the addition of turpentine or assafœtida to the injection gives great relief. A tablespoonful or two tablespoonfuls of turpentine is enough, and it must be thoroughly mixed with the injection, as unless it is freely diluted it will cause much irritation and smarting at the anus.

In some instances of suppression of urine copious injections appear to act beneficially.

Injections are often successful in restraining obstinate or dangerous diarrhœa. It is by no means necessary for the injection to reach that part of the intestines upon which the diarrhœa depends; for, whether the mischief is situated in the small or large intestines, the injection is equally beneficial, owing, no doubt, to a close sympathy between the different parts of the intestines, so that an impression made on one part is communicated to another. In restraining diarrhœa only a small quantity should be injected, otherwise the intestine is stimulated to contract and expel the enema, when it should be retained as long as possible, in order the more effectually to influence the bowels. An injection of an ounce, or at most two ounces, is sufficient for an adult; and it may be repeated several times a day, according to the urgency of the diarrhœa.

The material used in such enemata is starch, boiled or raw, of the consistence of cream, and at a temperature of 100°. An injection simply composed of starch proves effectual; but its astringent sedative action may be much heightened by the addition of some drops of laudanum, graduated in quantity according to the patient's age and condition. The addition of some acetate of lead or sulphate of copper renders this injection more astringent. These injections are invaluable in cases where delay is death. They will save many a life in the choleraic diarrhœa of children, which so rapidly proves fatal unless speedily restrained. The diarrhœa of typhoid fever, which, if excessive, adds extremely to the patient's danger, yields generally to these injections, so, usually, does the diarrhœa of phthisis.

Injections are commonly used to destroy thread-worms, which infest the rectum and the intestines in its immediate neighbourhood, but occur in no other part of the canal. As the object of the injection is to destroy these entozoa, a quantity of fluid should be employed sufficient to reach a little higher than the rectum. For an adult half a pint is adequate, and for a child, of course, less. To the water injected various substances can be added, as common salt, tincture of seschloride of iron, lime-water, quassia, and various other similarly acting vermicides, with the object either of directly poisoning the worms, or of destroying them by coagulating the albu-

minous structures of their bodies. Injections are always successful in removing worms, and thus affording temporary relief; but it must always be recollected that the morbid state of the mucous coat of the intestines, favouring the production of worms, must be remedied if permanent relief is to be obtained. A teaspoonful of salt, or a drachm of the tincture of steel, to half a pint of water, is sufficiently strong to effect the destruction of these delicately-formed animals. Solutions too concentrated must not be injected, otherwise inflammation may occur, perhaps severe enough to cause sloughing in the rectum and margins of the anus.

Nutritive enemata are employed in stricture of the œsophagus, or when tumours press upon this tube and render swallowing impossible, in persistent vomiting, and in painful diseases of the stomach, like chronic ulcer. A nutrient enema should not exceed three or four ounces of bland, unirritating material, otherwise the lining membrane of the rectum becomes irritated and inflamed, a condition adverse to absorption. Mr. Marcus Beck advises the addition to the injection of pepsine and dilute hydrochloric acid. From experiments on dogs, M. Bauer finds that the large intestines freely absorb peptone, but that pure soluble albumen is not absorbed, though it is taken up readily on the addition of salt. Acid solutions of albumen, as meat dissolved in weak hydrochloric acid, are also freely absorbed. Fats and starches injected into the large intestine failed to support life for any considerable time. It sometimes happens that the rectum will not retain even four ounces, and this inability is more liable to occur after injections have been continued for some time. Before giving a nutritive injection, it must be ascertained that the rectum is not filled up with fæces.

Dr. W. O. Leube employs the pancreas of the ox or pig as a ferment; one part of finely-minced pancreas being mixed with three parts of scraped meat rubbed well together with warm water, so that the mixture is easily injected. Fat, not exceeding one sixth-part of the meat, may be added. This injection is retained from twelve to thirty-six hours, and the stools afterwards generally possess an ordinary fæcal character. By experiments on dogs, Dr. Leube has proved that by means of injections a considerable quantity of nitrogen can be taken up into the system.

Pancreatised substances are also useful as injections.

Peptones made into suppositories are also serviceable.

Three to five eggs beaten up with four ounces of 20 per cent. solution of grape sugar forms an excellent nutritive enema. Eggs are absorbed without peptonization.

Astringent and stimulating injections, composed of a pint of water, and containing ten to twenty grains of sulphate of copper, or corresponding quantities of nitrate of silver and sulphate of zinc, prove of great service in restraining the troublesome straining diarrhœa of

chronic dysentery. In the earlier stages, also, of dysentery, large emollient enemata prove useful, especially by removing the fœtid discharges, and soothing the inflamed mucous membrane. In other sections, whilst treating of individual drugs, various additional uses of enemata are pointed out.

ON ACUPUNCTURE.

ACUPUNCTURE is a very successful mode of treating lumbago. It will rarely fail to afford relief, and in the majority of cases it will cure at once, though the lumbago has lasted a week, or even three weeks. It succeeds best by far in typical cases of lumbago, when the loin muscles of both sides are affected, and the pain is most severe on a to-and-fro movement. I have treated a large number of such cases by acupuncture, and find that it gives almost instantaneous relief. It is generally sufficient to run the needle once deeply, say an inch, into the muscles on each side of the spine, over the seat of greatest pain. Perhaps it may be better to leave the needles for a few minutes sticking in the back, but I have hitherto found this proceeding unnecessary.

Generally, when the needles are first withdrawn, the patient says the pain is slightly eased, but presently it decreases rapidly, and in three or four minutes it is entirely gone, perhaps a little stiffness only remaining; but even this may be absent. The patient, who just before could not bend in the slightest degree without the greatest pain, who could not possibly stoop to touch his toes, now bends backwards and forwards with the utmost ease, often with a look of astonishment mingled with incredulity, as if the cure were too wonderful to be true.

Faradization of the back is in my experience almost as successful as acupuncture, though the pain more frequently returns than after acupuncture. Under either treatment it sometimes happens that after several hours of relief the pain returns, and a renewal of the treatment may either be almost without avail, or its influence may rapidly grow less and less. Freezing the back with ether spray or with Arnott's ice mixture is also very successful. So also is the old-fashioned way of ironing the back with a common flat iron, as hot as can be fairly borne, passed over a piece of brown paper placed across the loins. The thermic hammer, too, often succeeds in subduing lumbago. These modes of treatment I have found not so successful in the less typical forms of lumbago; for instance, if the pain on movement is restricted to one side, or is felt only on twisting or turning the body, and not on bending to or fro.

Lumbago is not uncommonly associated with sciatica or shooting pains along some branches of the lumbar nerves, the pain sometimes shooting along the skin in the front of the body, and along the lumbar or sacral plexus, which then assumes a neuralgic character. When these two pains are associated I find that it is easy to cure the lumbago, but that the sciatica or other neuralgic complication, remaining unrelieved, is far more difficult to dispose of. Occasionally, after curing the back by galvanism or the needles, the neuralgic pains give way, to be replaced by lumbago; and when the lumbago is got rid of the neuralgic pains recur. Let me repeat that these compound cases are generally obstinate, and the neuralgic factor most so. Acupuncture proves useless when lumbago is accompanied by high fever, or when it is the first symptom of acute rheumatism.

It is a good plan, when rid of the lumbago, to apply to the back a belladonna, or a lead, or a Burgundy-pitch plaster spread on leather, both on account of the warmth and the support it affords. The Burgundy-pitch plaster sticks closest, but it is very apt to irritate delicate skins, especially in warm weather, and often indeed cannot be borne. Even lead or belladonna plaster may irritate the skin, bringing out a papular or eczematous eruption, due in part to the retention of perspiration, which, decomposing, irritates the skin. By removing the plaster every few days, wiping it, and washing the skin, and then reapplying the plaster, this irritation may often be avoided, or the plaster may be perforated after the manner of Alcock's porous plaster.

I have found acupuncture far less successful in the treatment of sciatica; in a few cases it acts no doubt as speedily and as completely as in lumbago, but this prompt action is unfortunately the exception. Some hold that it is necessary to pierce the nerve, and the uncertain results of acupuncture in sciatica may possibly be due to the needle sometimes impaling the nerve, but more frequently missing it. This treatment generally gives some, though usually very transient, relief, lasting only from a few minutes to an hour or so. In cases due to diseased spine or pressure on the nerve from abdominal solid tumours, abscesses, or fæcal accumulation, acupuncture is not appropriate. The needle must be thrust in deeply, even to the bone, in various places over the seat of pain in the course of the affected nerve. When only partially successful this treatment removes the pain along the course of the sciatic nerve, but generally leaves unaffected the pain below the knee, especially outside the ankle. Indeed, I may add that whilst all forms of sciatica are obstinate, those cases are most rebellious when the pain reaches below the knee, or when it is restricted to the region above the sciatic tuberosity.

Dr. Dumontpallier finds that acupuncture of a spot—not the painful part, but the corresponding spot on the opposite side of the body—

will relieve the pain of neuralgia, acute articular rheumatism, pleurodynia, the relief being in some instances permanent. This "corresponding spot" is sometimes tender; acupuncture over or near the seat of pain also relieves it.

Acupuncture, or incisions, into the dropsical tissues of the feet and ankles, or lower part of the calf, is an old, but now too much neglected mode of treating both cardiac and renal dropsy. Acupuncture no doubt sometimes excites erythematous inflammation, sufficient to cause the dropsical, vitally depressed tissues to slough extensively and progressively. In one instance I have seen the muscles not only laid bare but dissected out over the lower part of the calf to the extent of eight square inches, yet in this case, after the dropsy had drained away, the tissues recovering their lost vitality, healed, and the man left the hospital greatly improved. It is better to make incisions instead of pricks with the acupuncture needle. The incisions should be from three-quarters to an inch long, and should reach well into the subcutaneous tissue, or three or four punctures should be made around each ankle with the ordinary exploring trocar, thrust up the leg in the subcutaneous tissues for an inch or an inch and a half. The legs should be kept dependent and the wounds covered with lint or sponge soaked in hot boracic acid or carbolic acid solution. The feet and ankles should also be placed in hot boracic water for an hour night and morning, to aid the escape of serum. Dr. Southey's now well-known plan is highly useful in many cases.

As the discharge quickly decomposes and becomes offensive, the clothes and sponges used should be washed in a solution of chlorinated soda, or moistened with a weak solution of carbolic acid. These free incisions allow the easy escape of the dropsical fluid, to the relief of the distended and depressed tissues in the neighbourhood of the incisions, thus lessening the likelihood of inflammation and sloughing, which are very apt to occur after mere pricks. One incision over each outer malleolus is generally sufficient.

With incisions, though, there is not much fear of sloughing; still, as this untoward event may occur, it is better not to incise, especially with very old or very weak patients, till other methods have been tried and have failed. The benefits are prompt and striking. Serum runs freely from the wounds, so that in a few hours pints may be discharged. As the fluid runs away of course the dropsy grows less, first in the upper parts of the body, of the pleura, and the abdomen; hence the dyspnœa, due to hydrothorax, disappears, and the tightness over the upper part of the abdomen ceases. At last the fluid drains out of the legs, and all the dropsy is removed, and without producing depression, for the dropsical fluid from the cellular tissues, unlike inflammatory exudations, contains very little albumen, so little that it only becomes opalescent on boiling, and on adding nitric acid.

If the subcutaneous tissue is hard and brawny, and will pit only imperfectly, then neither incisions nor Southey's tubes will drain off any fluid. An incision, or one of Southey's tubes, often sets up irritations in the neighbourhood, so that a fresh incision, or the introduction of a fresh tube, draws off no serum, but the trocar becomes blocked up with a pinkish jelly-like substance, suggesting the idea that the previous operations have excited inflammation which has filled the intercellular spaces with this jelly-like substance.

In cardiac dropsy it appears to me that this treatment is more beneficial when due to aortic than to tricuspid mischief. In dropsy due to aortic regurgitant disease there is a greater tendency to effusion into the pleural and abdominal cavities than when due to tricuspid disease, and the dropsy increases more rapidly. Thus when dropsy invades the feet, it usually spreads quickly up the legs, and, before the legs are extensively swollen hydrothorax often sets in, embarrassing the already distressed breathing; so that in heart disease, and especially in the aortic regurgitant form, in addition to the paroxysmal panting dyspnœa due to the heart mischief, we have the constant dyspnœa or orthopnœa of hydrothorax; the orthopnœa greatly predominating over the dyspnœa directly dependent on the heart. The incisions into the leg drain off the fluid from the upper parts of the body, first emptying therefore the pleural cavities, and promptly removing the greater part of the dyspnœa. This treatment is also useful in the dropsy of Bright's disease.

How long will it be before the fluid re-accumulates and the advantage thus gained is lost? In tricuspid dropsy, so long as the valvular incompetency continues, the dropsy will return, and the rapidity of its recurrence will of course depend on the degree of regurgitation. In aortic dropsy, and the dropsy from Bright's disease, success is often much greater. In some cases, indeed, one operation often dissipates the fluid, never to re-accumulate; though more often two or even more operations at varying intervals are necessary, the fluid each time returning less and less rapidly. In cases of very extensive dropsy, strange to say, I have known the fluid not to return, although the disease of the heart or kidneys has remained unaffected. Thus, the amount of albumen, and the quantity of urine, has remained just the same in cases of Bright's disease, and yet after draining away the fluid it has never returned. I have seen this excellent result in a case where the tissues were shiny with distension; the abdomen largely distended with fluid, and the albumen on boiling occupying half the test-tube, yet, after draining away the dropsy by incisions, the fluid never re-accumulated, though the proportion of albumen continued the same. This patient remained free from dropsy more than six months after the operation.

IRRITATION AND COUNTER-IRRITATION.

Cantharides applied to the surface of the body soon excites tingling, smarting, and a sensation of heat; the papillæ of the skin quickly become reddened and raised; next, in a variable time determined by the strength of the application, on these papular elevations minute vesicles form, which gradually enlarge, and by their lateral extension soon coalesce, so as to form blebs of various sizes, filled with a fluid rich in albumen, and generally containing some fibrine.

It is of great importance to bear in mind that the effects of these applications are very different according to whether extensive vesication is produced or simply reddened skin, with the formation of a few small miliary vesicles. Dr. Graves insisted on the different and even opposite effect of blisters, according to the degree of their action. The primary action of a blister is that of a stimulant to the body generally, and to the individual organs in whose neighbourhood it is applied; but if allowed to remain long enough to produce much vesication, and to form large blebs, it depresses the bodily powers in proportion to the amount of serum withdrawn from the vessels, and so lost to the system,—a lowering effect often exemplified in weakly people, who, through the abstraction of serum, are apt to remain weakened for several days. As the serum of blisters contains almost as much albumen as the blood itself, we might as well bleed the patient to the same amount.

Should it be held desirable to reduce somewhat the patient's strength and to produce simultaneously a counter-irritant effect on any of the individual organs or tissues of the body, then a blister may be applied, even to vesication; but as the good effects of blistering are for the most part ensured by a milder measure, treatment so energetic and so depressing is seldom called for.

Dr. Graves commonly employed blisters as a general stimulant in certain critical conditions. In acute diseases, as the idiopathic fevers and inflammations, a patient, sometimes already much prostrated, drifts into a dangerous, apathetic, and unobservant state, which goes on till it reaches even partial insensibility or coma, so that he can be roused only with difficulty, and then wears a stunned, stupid, vacant aspect, understanding very imperfectly what is said to him. With this depressed mental condition the body generally sympathizes, its functions becoming more and more languidly performed, till those necessary to life altogether cease. It is a condition which may be compared, not inaptly, to that produced by opium-poisoning, where the partial coma produces a lethargy in the functions of the body, their activity diminishes as the coma continues and deepens. Now

a patient in the partially comatose state of which we are speaking, gets no true and refreshing sleep; yet sleep is urgently needed, and an opiate and plenty of stimulants carefully given, often produce a refreshing slumber, out of which the patient wakes strengthened and much improved. (See Opium.) When the functions are very languidly performed this blistering treatment may well precede the use of opium.

In this precarious condition, it is essential to rouse the patient from his lethargic state. This accomplished, the bodily functions will act with renewed force, and he will pass from imminent danger to comparative safety. Large blisters or mustard poultices should be applied for a short time in quick succession to various parts of the body; for instance, to the chest, the abdomen, and to the thighs and calves. The great value of flying blisters in these circumstances will be the better appreciated if we bear in mind that the critical condition just described generally occurs near the end of an acute illness, when if the patient can be kept alive for one or two days, the near danger of death passes away, acute diseases having a definite duration, so that if the patient can be sustained to this point his life may be saved. Counter-irritants, by rousing the patient, and spurring the flagging vitality, may rescue an almost hopeless life.

Preparations of cantharides may be applied as stimulants of special parts of the body; for instance, when with a general condition like that just described, there is fear of hypostatic congestion of the lungs, or of pneumonia, in which such congestion often ends, flying blisters applied to the chest, and perhaps, as recommended by Dr. Graves, along the course of the pneumogastric nerves, may brace up the vessels, and avert a serious and often fatal complication. Or we may stimulate the heart, and in intense weakness strengthen its contractions for a short time, by flying blisters or mustard poultices placed over the precordial region, and then maintain the advantage thus temporarily gained by the free administration of alcoholic drinks.

Flying blisters are largely employed in various diseases of the deep-seated organs, as pleurisy, pneumonia, asthma, biliary and renal colic, &c.

Blisters are frequently employed in pneumonia and pleurisy. Yet great divergence of opinion exists, not only as to the stage of the disease in which they are useful, but even as to their utility in any case. Some maintain that during the febrile state blisters increase the fevers; but the increase, if any, certainly must be very slight, for I have not been able to excite fever in fever-free persons by blistering, nor have I ever seen it increase a fever already existing. The advocates of blistering in pneumonia maintain that it removes pain, quiets cough, and lessens expectoration; but many competent authorities discredit the efficacy of blistering in this inflammation.

Whatever doubt may exist as to the influence of blistering in acute

pneumonia and pleurisy, most observers agree that it lessens the pain, and must therefore benefit the patient by subduing the restlessness, oppression and sleeplessness consequent on pain. In estimating the effect of blistering, it must be recollected that in these acute affections the severe pain is of short duration, and spontaneously lessens or disappears in about forty-eight hours. It is, perhaps, not superfluous to re-caution against too free vesication.

Opinion is more agreed on the usefulness of counter-irritation in pleurisy, after the subsidence of inflammation and fever. At this stage the prompt application of large flying blisters, often repeated and quickly healed, further the absorption of the fluid in the pleural cavity, and lessen the risk of the disease remaining indefinitely chronic. The counter-irritant, as we have said, should be frequently applied, and the vesication, if it occur, healed at once; for all the good of counter-irritation is effected during the first few hours while it stimulates the skin. The notion that free vesication and the maintenance of the discharge by irritating ointment will drain off the fluid, as it were, from the water-logged pleuræ, is altogether fallacious. This barbarous treatment drains important nutritive material from the system and weakens the patient when strength is most needed. We have already referred to the fact that blisters will redden and even inflame the pleura. Many consider counter-irritation worse than useless when pleural effusion has lasted a long time. The production of a free discharge of serum is no doubt useless; but although in a long-standing case of effusion there is but slight chance of improvement by any treatment, yet mild flying blisters will in some cases help to the absorption of the fluid, and at any rate may prove serviceable, if in no other way, by removing the troublesome intercostal pains which often accompany chronic pleurisy; although a mustard poultice is to be preferred.

Counter-irritants are often of signal service in removing the oppression of the breathing in asthma, especially of bronchitic asthma, and the shortness of breath accompanying bronchitis with emphysema.

They relieve the pain arising from the passage of renal and biliary calculi.

Counter-irritation is useful in many other diseases, as phthisis, phlebitis, sciatica, facial paralysis, gleet, leucorrhœa, rheumatism, gout, and pleurodynia.

Counter-irritation is very beneficial in certain forms of phthisis. In the acute and rapid forms it is of little other service than to remove pain. But when the disease is chronic, when we have to treat what is now called the fibroid lung, when the cough is paroxysmal and violent, or frequent and distressing, preventing in either case rest and sleep, active counter-irritation of the chest, corresponding to the seat of the disease, often quickly quiets cough, greatly diminishes the profuse expectoration, and thus obviates a severe drain

on the strength. In blistering these weakly patients, vesication must be avoided, or the exhaustion produced by the loss of serum may be so great as even to endanger life. In phthisis iodine liniment is a better counter-irritant than blisters.

In inflammation of the superficial veins a blister applied over the course of the inflamed vessel reduces the inflammation, hastens absorption or liquefaction of the coagulated blood, and assists the restoration of the circulation through the obstructed veins.

Blistering is of the greatest service in neuralgia. A flying blister to the temple or behind the ear generally relieves frontal or facial neuralgia. The obstinate form of facial neuralgia dependent on a diseased tooth, rebellious to all treatment except extraction, often yields to a blister; the neuralgic pains ceasing, although the tooth-ache may continue. Blisters relieve the shifting neuralgic pains common in nervous sensitive women, although the pain is apt soon to fix upon another nerve; but flying blisters will drive it from place to place. In this migratory form the pain may alternate between a few, or may affect in succession most of the nerves, producing in addition great cutaneous tenderness; or the nerves supplying the viscera may be affected, and without pain produce functional disturbance, as nausea, sickness, diarrhœa, &c. This form of neuralgia, though it is right to say the disease lacks many of the more distinctive characters of neuralgia, is most difficult to cure. The obstinate intercostal neuralgia left by shingles, occurring mostly in old people, generally yields to blisters. Anstie points out that blisters applied over the seat of pain aggravate the suffering; "but, on the other hand, if they are applied to a posterior branch of the spinal nerve trunk from which the painful nerve issues, a reflex effect is often produced of the most beneficial character."

Blistering paper, although mild in its action, requiring to be applied some hours, generally produces enough irritation to relieve facial and frontal neuralgia; but, if the pain continue unabated, a stronger preparation of cantharides should be tried.

Blisters are of the greatest service in sciatica.* They should be applied every day or second day in the neighbourhood of the sciatic nerve, reaching in severe cases from the buttock to the knee. Free vesication sometimes succeeds where slight vesication fails. Other counter-irritants are useful in neuralgias, as mustard poultices, croton-oil liniment, iodine paint; but cantharides is superior to them all.

Blisters behind the ear, and especially to the temple, are very useful in rheumatic, gouty and simple inflammation of the eye;

* The most obstinate forms of sciatica are sometimes benefited by the insertion of a needle for an inch or more in one or two places along the course of the sciatic nerve. More relief is sometimes obtained by allowing several needles to remain imbedded in the tissues for half an hour, or even longer. (*See* p. 85.)

relieving pain quickly, and subduing inflammation, though less rapidly. As it is important to repeat the application frequently, blistering paper is preferable to stronger preparations. Obstinate forms of tinea tarsi sometimes yield to repeated applications of flying blisters to the temples. Counter-irritation, by blistering fluid or croton-oil liniment behind the ear, often removes earache.

Counter-irritation at the epigastrium often allays pain and obstinate vomiting, due to disease of the stomach.

Mr. Furneaux Jordan employs counter-irritation to remove enlarged glands. "In enlarged glands, in abscess, carbuncle, boils, erysipelas, the best locality for the counter-irritation is around, or adjacent to, the disease. Blisters or iodine may be employed." "In enlarged cervical glands a large patch of iodine irritation at the back of the neck, which may be prolonged below the glands, will certainly prove successful in a short time."

Dr. McCall Anderson recommends blistering in erythematous lupus, and in chronic skin affections, especially in eczema of the hands, when the tissues, thickened and cracked, hinder free movement.

In paralysis of the seventh nerve, dependent on alterations in its periphery, from draughts or cold, painting the skin over the paralyzed muscles with blistering fluid will in some cases quickly remove it. The earlier the application, the greater the probability of good results.

A blister applied to the perinæum and along the course of the urethra will sometimes cure a gleet obstinately rebellious to all the usual methods.

Blisters are of the greatest service in rheumatism. Large flying blisters, applied in proximity to an inflamed and painful joint, often quickly removes the pain, and with the ease thus brought about sleep often ensues, and a concurrent general improvement takes place in the patient's condition. But blisters have been of old recommended as the sole or chief treatment of acute rheumatism, and some apply them, to the extent of free vesication, with the unfounded hope of removing from the blood the poison on which rheumatism is supposed to depend. This method has the disadvantage of reducing the strength of the patient in proportion to the quantity of serum lost, the depletion tending to prolong the attack, and to retard the convalescence, usually sufficiently tedious, after a severe attack of rheumatic fever, which induces more anæmia than most other diseases. The advocates of free vesication assert that this method moderates and shortens the attack, and lessens the danger to the heart; and some attribute its efficacy to the influence large blisters have on the urine, changing in a few days the acid urine of rheumatic fever to a neutral or even alkaline state. I think that due regard is not paid to the great influence age exerts on the duration of an attack of rheumatic fever; moreover, the reported cases appear

not to have recovered more speedily than frequently happens in persons of the same age, and manifesting the same body temperature, who recover without any medicine.

The nightly application of a small flying blister greatly relieves the pain and swelling of chronic and subacute gout, gonorrhœal rheumatism, and chronic synovitis; but if this mild application fail, strong vesication should be tried.

Pleurodynia usually yields to anodyne liniments or mild counter-irritants, but sometimes strong vesication is necessary, although the weakening loss of serum may increase the pain for a day or two.

It is surprising how much relief a small blister no larger than a florin will often give in the foregoing diseases. Indeed in many cases it is better to apply a small blister nightly to adjacent parts rather than to apply a single large blister. For the relief of pain, as neuralgia, pleurodynia, or spasm, as in asthma, &c., a blister the size of a five-shilling piece is generally sufficient.

The active principle of cantharides being soluble in oil, it is useful to smear a little simple oil over the blistered surface. The oil, moreover, helps to maintain the plaster in contact with the skin.

It must be borne in mind that blistering paste and blistering paper require several hours to produce a blister, and that the paper rarely produces much vesication. If a speedy and sharp action is necessary, we must employ blistering fluid, which sometimes vesicates in twenty minutes to half an hour.

The active principles of the Spanish-fly may become absorbed by the skin in sufficient quantity to produce congestion of the kidneys, strangury, and its other characteristic toxic effects; hence, in the treatment of acute or chronic Bright's disease, cantharides should be avoided, as we are unable to regulate the quantity which may be absorbed, and a damaging amount may be taken up by the skin.

We hope it has been made sufficiently plain that, in the great majority of cases, preparations of cantharides should not be applied long enough to cause much vesication. The vesicles should not be opened, but be covered with a layer of soft cotton-wool, till the effused serum is absorbed, when a superficial desquamation follows, and no troublesome consequences need be apprehended. If blistering is carried far enough to produce blebs, the serum will not become absorbed, and the bleb will at last burst; even in this case it is not advisable to open the blister, but to allow the underlying dermis first to heal partially, when no ulceration need be feared. If the bleb is punctured, the air will perhaps irritate the raw surface, producing much inflammation, which may end in extensive sloughing, an untoward event, especially apt to follow the blistering of young children or old people, or persons with broken-down health, as the victims of Bright's disease, &c. Hence, in such cases, it is generally considered advisable to use other counter-irritants. (*Vide* Mustard.)

CARBON. ANIMAL CHARCOAL. WOOD CHARCOAL.

Carbon, in proportion to its porosity, absorbs many gases in considerable quantity; and wood, being more porous than animal charcoal, its absorbability is greater.

Charcoal does not absorb all gases in an equal degree; it will absorb but little hydrogen, though it will imbibe a considerable amount of oxygen, a large quantity of sulphuretted hydrogen, and a still greater proportion of ammonia. Charcoal is much used on account of this property as a disinfectant, to remove bad smells, or to prevent the air in rooms becoming contaminated by the effluvia from foul ulcers. Its non-volatility renders it very inferior to chlorinated lime or chlorine gas and other agents for purifying air, since it can act only on the air in immediate contact with it.

It is more effectual in absorbing the offensive gases given off by foul sores, and is employed in the form of a poultice, mixed either with bread or linseed-meal. Bread, being more porous, is to be preferred, as it permits the gases to permeate the substance of the poultice, and so to come into contact with the particles of charcoal, some of which should be scattered on the surface.

After becoming thoroughly moistened, and its pores filled with water, it may reasonably be doubted if the charcoal does not lose its capacity to absorb or oxidize gases, and so to act as a deodorizer. It is certain that charcoal poultices often fail to act in this manner. Charcoal may act by preventing decomposition, for, when swallowed after admixture with water, its pores being thus filled or obstructed, it will still prevent flatulence, an effect not due to absorption; it must, therefore, act by arresting fermentation or decomposition. A thoroughly efficient mode of employing charcoal is to fill a small flat muslin bag with it, in a finely granulated form, and to place it over the poultice covering the sore.

Charcoal poultices are reputed, on doubtful grounds, to clean and heal sloughing or gangrenous wounds.

How does charcoal destroy smells depending on noxious gases? It has been stated in a previous page that it is endowed with the property of condensing many gases in its pores, and some accept this as a sufficient explanation of its action. Others assert that the oxygen condensed and accumulated in the pores of the charcoal, combining with the other gases with which it comes in contact, breaks them up and destroys their ill odour. It rapidly oxidizes and so destroys sulphuretted hydrogen.

A question of more practical importance is whether the carbon becomes inert by use, thus losing its property to condense gases or to

destroy them. Buchheim is probably right in stating that the carbon becomes inert, but others assert that if kept dry, it will retain its properties unimpaired for many years. At all events exposure to a dull red heat restores its gas-absorbing power.

Charcoal is likewise employed as a disinfectant, and Dr. Stenhouse has ingeniously devised a charcoal disinfecting respirator, which, no doubt, will protect the wearer against many gases, but at present no evidence exists to show that charcoal will destroy the organic matters which propagate disease, although, acting like a filter, it may prevent their entrance into the system.

Charcoal, by its chemical or mechanical action, possesses the property of carrying down from solutions many colouring matters, many bitter substances, alkaloids, and mineral substances. Hence Dr. Garrod advises its administration in poisoning by corrosive sublimate, arsenic, morphia, strychnia, belladonna, &c., but, at present, this treatment has not found much favour with the profession. As it is said that half an ounce absorbs only one grain of alkaloid, large doses of half an ounce to an ounce, or even more, must be given. Charcoal also precipitates the colouring matter of urine, carrying down at the same time all the uric acid, and some of the urea in solution. The sugar of diabetic urine is unaffected by charcoal. As a precipitant, animal charcoal freed from its earthy impurities is found to be the most efficacious, on account, it is said, of its more finely divided state.

Charcoal is employed with much success in certain diseases of the stomach. It is said to ease the pain of chronic ulcer, and of neuralgia of the stomach, possibly by checking fermentation and so preventing the formation of acids which must irritate the stomach, especially when ulcerated. It is markedly useful in flatulence. In the majority, if not in all cases, intestinal flatulence is the result of gases generated by fermentation. The symptoms accompanying flatulence, however, are not always alike, and their various complications afford indications for treatment. Sometimes "the wind" is produced in enormous quantities, with great rapidity, producing distension, eructation, and mental depression, the patient complaining only of these symptoms, not of pain nor of acidity. This enormous production of wind, irrespective of other symptoms, prevails chiefly among middle-aged women, especially at the change of life. This condition is met with sometimes during pregnancy and suckling, and seldomer in the course of phthisis. It is often very difficult to check the formation of wind, but vegetable charcoal is one of the best remedies. Sometimes after a few mouthfuls of food the wind is formed in quantity so large that the patient is constrained to cease eating; here the charcoal should be taken immediately before each meal. Another patient is not troubled with the wind till half an hour or longer after food; here the charcoal should be taken soon after the meal. Five or ten

grains of charcoal is generally enough, and this dose failing, it seldom happens that a larger one succeeds. Some give a teaspoonful or more of powdered charcoal. Supposing charcoal to fail in cases like these just described, we have another efficient resource in the sulpho-carbolates, or carbolic acid, which, indeed, often succeed when the charcoal fails.

At other times profuse formation of wind is accompanied by acidity. Charcoal, administered as just described, will generally obviate both these symptoms; and sulpho-carbolates and carbolic acid, although less successful than when acidity is absent, will often prevent the production of both wind and acidity.

Some persons after meals are troubled with a little wind, acidity, and a sensation of weight at the pit of the stomach. Charcoal will relieve these cases; but nux vomica, in five-minim doses of the tincture, taken a few minutes before meals, is to be preferred. In the treatment of flatulence it must never be forgotten to direct the patient, as far as possible, to abstain from those kinds of food prone to fermentation. Sugar and starchy foods must be avoided or taken sparingly, and thin well-browned toast, on account of the carbonization of its surface, may be substituted for bread. The meals should be very moderate, the food well masticated, and drinking postponed till the meal is nearly finished, or, still better, till an hour after its completion. Tea is very obnoxious to flatulent patients.

Most of the charcoal passes away with the fæces, though a little, it is stated, finds its way into the blood and lymphatics.

Wood is preferable to animal charcoal for internal use. It is often advantageously mixed with an equal quantity of bismuth, when flatulence is combined with acidity and pain.

CARBONIC ACID.

It is asserted that this gas applied to the eye relieves the pain and photophobia of scrofulous ophthalmia, and that injected up the vagina it eases the pain of ulceration of the os uteri and of cancer and neuralgia of the uterus. According to Sir J. Simpson, the inhalation of this gas is serviceable in chronic bronchitis, asthma, and irritable cough.

Carbonic acid gas is generally employed dissolved in water. Natural waters containing a large quantity of carbonic acid are used externally in chronic gout, chronic rheumatism and many chronic affections. Carbonic acid is an excitant of the skin, producing tingling redness, a sensation of warmth and increasing the flow of

the perspiration; but after a time the gas acts in some measure as an anæsthetic, lessening the sensibility of the skin, and removing or diminishing pain.

Carbonic acid water is employed in painful and irritable conditions of the stomach. It eases pain, and checks vomiting. It is an excellent addition to milk, which is then generally retained, though previously it was rejected.

Lime-water and milk may be profitably substituted for milk and carbonic acid water in diarrhœa with irritability of the stomach; but in case of constipation carbonic acid water and milk is much to be preferred.

SULPHUR.

Sulphur dusted on the skin produces no effect, but mixed with lard, or other unctuous substances, and rubbed in, it excites a slight degree of inflammation; hence sulphur ointment has been used to stimulate indolent sores to a healthier and more healing condition; but for such a purpose more efficient agents have superseded sulphur ointment, which is now almost entirely restricted to the cure of itch. The object is to destroy the insect (*acarus scabiei*) and its ova, for it is on the presence of this animal that itch depends; and a knowledge of the habits of the acarus and its ova suggests the means best calculated to effect this purpose. The female as soon as impregnated burrows obliquely under the skin, and day by day deposits her eggs till she dies. The male remains a wanderer on the surface, and is easily attacked and killed by the ointment. To reach and destroy a female and her eggs it is necessary to break up the burrows where these lie concealed, and to lay them bare to the destructive action of the sulphur. The destruction of the burrows is easily effected by the liberal use of soap and water, which removes the superficial and dead cuticle, and exposes the animal and its ova.

Various methods of sulphur treatment are in use, but it is sufficient here to record only a few.

M. Hardy claims that his method will cure in four hours. He first subjects the body for half an hour to a friction of soft soap, to cleanse the skin and lay bare the burrows. Then follows a warm bath of an hour's duration; meanwhile the skin is well rubbed, to complete the destruction of the burrows. Then the skin is well rubbed all over—except the head and face, unless in the rare instances when these parts are attacked—with an ointment composed of two parts of sulphur, one of carbonate of potash, and eight of lard.

This rather severe method not unfrequently irritates and chaps the skin, and is, therefore, inadvisable for delicate skins, especially if

much eczema or inflammation is present, affections which this vigorous treatment would undoubtedly much aggravate.

It is often sufficient to treat vigorously only certain parts of the body where the rash is most apparent, and to apply the ointment to other parts in milder manner.

If the skin is delicate, much irritated, or inflamed, a mild soap may be substituted for soft soap, and an ointment, without alkali and with less sulphur, while the times of the applications should be shortened, and instead of one continuous severe application, the several washings and inunctions should be repeated on successive nights. The ointment should be left on all night.

The simple ointment of the Pharmacopœia, little irritating to the skin, containing no potash or other alkali, is in most instances sufficient to cure itch in three days. The patient should be directed to take a nightly warm bath, and to rub the skin with soap, bland or strong, according to the condition of the skin. After wiping the body thoroughly dry, the ointment is to be well applied to the skin by the fireside, just before bedtime, and to be washed off on the following morning.

The irritation set up by the parasite and its eggs excites sometimes more or less eczema and impetigo. The treatment adapted to cure the itch would certainly aggravate these accompanying eruptions. To avoid such a complication, Hebra recommends a milder ointment of a different composition; namely chalk, 4 oz., sulphur and prepared tar, each 6 oz., common soap and lard, each a pound, the various constituents in this preparation each serving a distinct purpose. The chalk helps mechanically to remove the dead cuticle and to break up the burrows; the tar serves the twofold purpose of diluting the sulphur and acting beneficially on the eczema, while the soap and lard further effect the dilution of the sulphur; and the soap, by virtue of its alkali, checks the weeping from the red, raw, eczematous eruption. This ointment, accompanied with the use of the warm bath, is employed twice a day, and cures completely in three days.

After the itch is cured, it often happens that the mildest ointments excite and increase the eczema and other eruptions produced by the scabies; hence it is inadvisable to continue the use of such unguent for many days. On withholding this treatment the rashes produced by the scabies will frequently disappear at once. After the course the patient must put on an entire change of linen, and the soiled clothes should either be boiled in water, or heated in an oven, at a temperature above 212° Fah., in order to destroy the animals and ova that may be concealed in the linen.

Some maintain that the sulphur of the ointment plays no part in the destruction of the parasites, but that the fatty matters, by obstructing their breathing pores, suffocate and so destroy them. This opinion seems to be erroneous, a sulphur ointment being far more

effectual than an ointment of simple fat. Sulphuretted hydrogen is very destructive to vegetable and animal life, and it is probable that this gas is the efficient insecticide in destroying the developed itch insect by the conversion of the sulphur.

Except in rare cases, the ointment need not be applied to the head and face, for in this country these parts are not often affected. The disagreeable odour of the ointment may be in part concealed by the addition of otto of roses or other fragrant substances.

To avoid the disagreeable odour and irritating effect of sulphur, many dermatologists substitute storax, which is said to be just as effectual.

The complexion of young women, in whom the menstrual flow is disordered, is sometimes spoiled by numerous small elevations or pimples, scarcely or not at all reddened, and sometimes a minute pustule on the summit of some of the elevations forms, the skin at the same time losing its healthy transparency. This is a form of acne perhaps, though unlike that commonly seen. Sometimes the eruption appears independently of menstrual disturbance, and, indeed, may almost vanish at the menstrual period, to recur when it has ceased. This eruption may last months, or even years, greatly to the patient's annoyance. It will, however, generally yield to the application, twice or three times daily, of the following lotion:—Sulphur, a drachm; glycerine, an ounce; rose-water, half a pint. This lotion speedily benefits the eruption, even when for years it has remained uninfluenced by other treatment. Acne may be treated in the same way.

An ointment composed of two drachms of hypochlorite of sulphur and an ounce of simple ointment, or especially iodide of sulphur ointment, is very useful in the severer forms of acne (see Sulphides). They should be applied twice daily. Where acne indurata is accompanied by much acne punctata frequent washing with plenty of soap and warm water will assist the action of these applications. In genuine prurigo Dr. Anderson applies night and morning an ointment composed of an ounce of sulphur, six drachms of liquid tar, and four ounces of benzoated lard.

Being quite insoluble in any of the fluids of the mouth, sulphur possesses no taste; but as it often contains a small quantity of either sulphurous acid or of a sulphide, it may partake of the flavour of these substances. It undergoes no change in the stomach, and in no way affects the mucous membrane of this organ.

The powder of sulphur is sometimes blown upon the diseased surface in diphtheria, apparently with some benefit.

In the intestines, however, the case is quite otherwise. Here in ordinary doses sulphur causes rumbling, slight colicky pains, followed in a short time by a softened evacuation, sometimes soon repeated. From the occurrence of colic, and the semi-solid condition of the

motions, it is generally held that sulphur acts only slightly on the mucous membrane, but purges chiefly by exciting contractions of the muscular coat of the intestines. From the mildness of its operation it is ranked among the laxatives. The precipitated sulphur being more finely divided than the sublimed, acts more surely and effectually as a purgative.

The too prolonged use of sulphur excites a catarrhal state of the mucous membrane, and impairs digestion.

Sulphur is a useful purgative in piles and fissures of the anus, when it is needful to maintain the motions in a soft and yielding state, so that the passage may not be irritated and pained by hard difficult stools. It is also employed in stricture of the rectum. In habitual or obstinate constipation it often succeeds after the failure of other remedies. The compound liquorice powder of the German Codex, or ten grains of sulphur mixed with confection of senna, are convenient forms. Compound liquorice powder contains both sulphur and senna, and is not disagreeable. Dr. George Bird tells me that children like it, and that for them it is an excellent purgative. The dose for adults is one to two teaspoonfuls stirred in a little water or milk. Apart from its softening effect on the motions, sulphur exerts a beneficial action on the rectum in prolapsus and in piles. A morning dose of five to ten grains of sulphur mixed in a drachm of confection of senna is a very useful laxative in piles.

What changes does sulphur undergo in the body, and in what way does this drug act as a purgative?

It has been suggested that some of the sulphur becomes dissolved in the fat it meets with in the intestines, and thus blended, is in a fit condition to act both as a purgative and to pass into the blood; but the fact that when sulphur is administered simultaneously with much fat, there is no increase of the quantity of sulphur in the urine renders this explanation improbable.

Some of the sulphur, undoubtedly, is converted into a sulphide by the action of the alkali of the bile; for after the ingestion of sulphur the gas generated in the intestines contains not only a considerable quantity of sulphuretted hydrogen, but much of the gas is given off by the skin, to the extent even of tarnishing metal articles worn about the person. Sulphur acts as a purgative through conversion into a sulphide, and by virtue of the same change it is enabled to enter the blood, a view supported by the fact that sulphides act in the same way as sulphur. Yet a portion in the form of fine particles probably passes through the walls of the intestines undissolved, though the quantity so conveyed is undoubtedly very small.

The action of sulphur on the physical or chemical constitution of the blood is at present unknown. It has been said to produce salivation occasionally, in persons who had previously taken mercury. It is generally held that it excites an increased secretion from the

mucous membrane of the air-passages of healthy persons, although this is denied by Buchheim. Graves and other authorities strongly recommended sulphur in doses of from five to ten grains, repeated three or four times a day in severe chronic bronchitis, with abundant discharge, especially when accompanied by constitutional debility. It is said to lessen the secretion, and to render its expulsion easier.

It is said to increase both the frequency and force of the heart's contractions, and to promote the flow of perspiration ; but these assertions greatly need confirmation.

It is commonly supposed that the application of sulphur to the skin will relieve the pain of chronic rheumatism and sciatica; but, as in applying the sulphur, it is generally recommended also to envelop the affected limbs in soft flannel, it is difficult to discriminate whether the relief is attributable to the sulphur or to flannel. Administered internally sulphur is useful in chronic rheumatism and muscular rheumatism.

It is said that the internal administration of sulphur is serviceable in chronic eruptions of the skin, as acne, psoriasis, impetigo, and eczema.

Most of the sulphur taken into the stomach escapes with the fæces ; while of that portion which enters the blood, some of it becomes oxidized and appears in the urine as a sulphate, or one of the lower oxides of sulphur. From its great volatility, the sulphuretted hydrogen escapes in some measure by the lungs and skin, and occasionally with the milk, and by the urine.

A portion of the ingested sulphur is said to pass through the system, and to be separated by the kidneys in the uncombined state. Sulphur produces no change in the quantity of the constituents of the urine, with the exception of the sulphur compounds, which it augments.

Sulphur may be conveniently administered in milk.

THE SULPHIDE OF POTASSIUM, SODIUM, AMMONIUM, AND CALCIUM.

Many natural waters contain one or more of these substances. Sulphurous waters are found at Harrogate, Barèges, &c. They have a characteristic odour, like that of rotten eggs.

The three first substances are freely soluble, the last is very scantily soluble in water.

Sulphuretted hydrogen and sulphides possess the same action, and sulphides owe their virtues to the sulphur and not to their base.

Sulphuretted hydrogen is very poisonous to both animal and

vegetable life. It decomposes the blood, first reducing and then decomposing hæmoglobin; hence it produces asphyxia. It also poisons the tissues, and paralyzes the nervous and muscular tissues.

Strong solutions of these soluble salts excite active inflammation of the skin; weak solutions stimulate the skin, augment its supply of blood, and increase perspiration.

Baths containing these substances are very useful in the chronic forms of some skin diseases, as psoriasis, eczema, and lichen; likewise in chronic rheumatism, chronic gout, and chronic lead-poisoning. In these diseases the natural sulphurous waters are largely used as baths; but in eczema and psoriasis care must be taken not to employ them till the subsidence of the acute stage, otherwise they will greatly aggravate the rash. Obstinate forms of these skin diseases, rebellious to other treatment, often yield to sulphide baths.

It has been attempted to explain the efficacy of sulphurous baths in cases of chronic lead-poisoning, by the assumption that they eliminate the lead with the sweat. Under the use of these baths the skin, it is said, becomes covered with innumerable black points of sulphide of lead; but in fact the lead thus blackened was deposited on the skin from external sources, and was not eliminated with the perspiration. This objection, however, is met by the assertion that if a lead-poisoned patient carefully abstains from all contact with lead, yet, as often as he uses a sulphurous bath, his body still becomes blackened time after time. On theoretical grounds it is hard to understand how this metal can be eliminated with the perspiration; but for the further consideration of this point we must refer our readers to the section on lead.

The use of these baths at a very high temperature will often restore a considerable degree of suppleness to joints distorted and stiffened by chronic rheumatoid arthritis. Yet as other baths of like temperature appear to do equal good, it is difficult to say whether the sulphides play any part in the beneficial results, although, it is true, there is a wide-spread, and perhaps well-grounded, belief in their efficacy.

A very efficient application to cure itch is made in the following way:—Boil one part of quicklime with two of sublimed sulphur in ten parts of water, until the sulphur and lime combine; let the solution stand, and afterwards decant the clear part. In its preparation metal vessels should not be used. After the patient has bathed and wiped himself dry the liquid solution is to be painted over the body. This application is rather irritating, and sometimes produces a roughness of the skin, which may continue some time. Dr. Bourguignon, who introduced this plan, claims that it will cure in half an hour. (See *Sulphur*.)

The sulphides are in part decomposed by the acids they encounter in the stomach, giving rise to disagreeable eructations of sulphuretted hydrogen gas.

The sulphides in small doses excite a sensation of warmth at the epigastrium, but in excessive doses they produce active inflammation in the digestive canal, with the customary symptoms.

Small doses act as a slight irritant to the intestines, and determine gentle relaxation of the bowels. It is supposed that sulphur acts as a purgative, by its conversion into a sulphide through the agency of the alkali of the bile.

In cases of poisoning by certain metallic salts the sulphides are employed, as they precipitate the metal in the form of an insoluble sulphide, and so render it harmless. There is danger, however, of giving the sulphide in too large a quantity, since in its turn it might itself excite inflammation of the stomach; wherefore sulphide of iron is generally preferable to the alkaline sulphides.

The effect of the sulphides on the blood after absorption into that fluid is at present unascertained.

Persons habitually breathing air impregnated with sulphuretted hydrogen are certainly prone to suffer from great anæmia, and the gas appears to cause much functional depression.

Sulphides affect chiefly the mucous membranes and the skin. Given in the form of natural waters, they are highly efficacious in chronic catarrh of the pharynx and of the respiratory tract. They are especially useful in follicular pharyngitis, and are much resorted to abroad by public singers. Some observers find these waters very useful in phthisis, even in the febrile form; but no doubt the high altitude where these waters are generally taken exerts some beneficial effect. Many of these sulphur waters are obtainable in this country, but probably sulphides act as well. I have, however, tried sulphide of calcium, pushed to its full limit of toleration in phthisis, but without any apparent good result.

These substances, in certain troublesome diseases, often yield striking results.

This group of remedies influences the suppurative process in a very decided and manifest manner.

Thus the common case of a sore, discharging a thin, watery, unhealthy ichor, will speedily undergo a healthy change under the administration of sulphide of calcium, the discharge becoming at first more abundant, afterwards diminishing, and throughout continuing creamier, thicker and healthier, with all the characters indeed of "laudable" pus.

Dr. Bergeon, of Lyon, after extensive trials, strongly recommends intestinal injections of sulphuretted hydrogen in consumption. He mixes the gas with carbonic acid gas, as atmospheric air does not become absorbed. Carbonic acid should be liberated from bicarbonate of soda by the action of an acid, and then mixed with sulphuretted hydrogen set free from the following solution: sodium sulphide, 10 grammes, distilled water, 100 c.c., to which is added 15 c.c. of the fol-

lowing solution: tartaric acid, 25 grammes, salicylic acid, 1 gramme, distilled water, 100 c.c. A special apparatus is required. The gas must be administered twice a day, and slowly discharged from the apparatus, each charge of the elastic bottle being expelled into the colon every ten or fifteen seconds. In phthisis he claims that it lessens cough and expectoration; the fever abates, the appetite increases, sleep improves, and weight increases. Its mode of action is not yet explained. It does not destroy the tubercle bacillus. The treatment is said, too, to be useful in chronic bronchitis and asthma, and notably to check profuse secretion. The gas is evidently quickly absorbed. It rather accelerates and strengthens the pulse, and quickens respiration. If too much is administered, the pulse becomes very frequent, amounting to 120 or more, and it becomes feeble; respiration, too, becomes much hurried, may reach even 100 per minute. The face is flushed, aspect anxious, and the patient may become quite unconscious, and yet, in ten minutes the ill effects may quite pass away. The reports of subsequent observers corroborate in varying degrees these statements. Some, however, maintain that no specially good results are due to this treatment. Owing to the trouble and annoyance of this method, it has not at present received a full and impartial trial.

The sulphides appear to me to possess the property of preventing and arresting suppuration. Thus in inflammation threatening to end in suppuration they reduce the inflammation, and avert the formation of pus. This effect, for instance, is manifested by the action of the local application of sulphur compounds in acne indurata, a subject to be dealt with further on more in detail.

After the formation of pus, the influence of this group on the suppuration process is still more conspicuous; then the sulphides hasten maturation considerably, whilst at the same time they diminish and circumscribe the inflammation, promote the passage of the pus to the surface, and the evacuation of the abscess. Their efficacy may be frequently demonstrated in cases of the following kind. An unhealthy child, from six to twelve months old, perhaps in the course of measles or scarlatina is the subject of a slight sore-throat, which produces behind the angle of the jaw considerable enlargement of the glands, and the swelling, of stony hardness, may be large enough to interfere with swallowing, and even to push the head on one side. Very deep-seated suppuration takes place, and for a long time there is neither redness of the skin nor fluctuation, and the pus very slowly makes its way to the surface, so that a fortnight, three weeks, or even a month may elapse before the abscess bursts, or is fit to be opened, when a deep hole is left, with considerable indurations around it. So great are the pain and constitutional disturbance that the child sometimes dies; and even if this fatality be averted, the deep discharging hole heals very slowly, owing to the indurated and unhealthy state of the

adjacent tissues. Now, in such a testing case, if we give a tenth of a grain of sulphide of calcium, mixed with a grain of sugar of milk, every hour or two, the results are most striking. The pain and constitutional disturbance begin to diminish, the swelling becomes smaller, the pus reaches the surface in four or five days, leaving when it is evacuated a benign wound, which quickly heals. The effects of these remedies are equally conspicuous in mammary abscesses, although in rare instances they appear temporarily to increase the pain—a fact which seems sometimes to hold good with respect to boils, though as a rule the pain is speedily mitigated. Singular to say, I have found these remedies much less useful in forwarding the maturation and expulsion of pus in indolent buboes; but in such cases my experience of the sulphides has been but small.

It may be urged that it is difficult to imagine how these remedies can produce effects so different and apparently opposite as the dispersion of inflammation in one case and the expulsion of pus in another; poultices, however, and hot fomentations both subdue inflammation and prevent suppuration, and in other cases considerably hasten the evacuation of pus.

In boils and carbuncles these remedies yield excellent results. A tenth of a grain of sulphide of calcium given hourly, or a quarter or half a grain three or four times a day, will generally prevent the formation of fresh boils, while it lessens the inflammation and reduces the area of existing boils, and quickly liquefies the core, so that it separates much more speedily, thus considerably curtailing the course of the boil. Where the skin is not yet broken, and the slow-separating core not yet exposed, the sulphides often convert the boil into an abscess, so that on bursting pus is freely discharged, and the wound at once heals; or if the centre of the hardened swollen tissues is not yet dead, the pustule dries up, the inflammation subsides, and a hard knot is left, which disappears in a few days without the formation of a core, and without any discharge. These remedies meanwhile improve the general health, removing that debility and *malaise* ordinarily so markedly associated with boils and carbuncles. In some cases, however, as in the deep-seated boils and abscesses of diabetes, they are less efficacious. In carbuncles the sulphides will generally be found equally serviceable, melting, as it were, the core into healthy pus, and so quickly expelling the dead and otherwise slow-separating tissue. Belladonna applied over abscesses and carbuncles reduces inflammation and allays pain. The skin should be thickly smeared with equal parts of belladonna and glycerine, and over this a poultice should be applied and the smearing renewed each time the poultice is changed. Poultices, however, being liable to bring out a fresh crop of boils, it is well to smear belladonna ointment some distance round but not over the boil, and then to apply a poultice, the greasy

application thus protecting the neighbouring tissues. Or, still better, apply a belladonna or opium plaster on leather, with a hole the size of the boil, around the swelling, and through the opening smear glycerine and belladonna, covering all with a small poultice. The leather plaster efficiently protects the surrounding skin, and averts the production of fresh boils. I have thought it worth while to point out these useful accessory plans of protecting the boil; but it is scarcely necessary to observe that whilst investigating the effects of sulphides I have employed them alone, or at most sometimes using only a poultice. Indeed, the effect of sulphides on boils is so excellent and prompt that external applications are generally unnecessary, though of course they are required in the treatment of carbuncles. Sulphides should be continued till the discharge has nearly ceased, and till stimulating applications are needed, when tonics must replace sulphides.

The good effects of sulphides are conspicuous in certain scrofulous sores not uncommonly seen in children. Scrofulous children during the first few months are sometimes subject to indolent abscesses in the cellular tissue which run a very slow course. At first only small hard substances are observable, no larger than a pea, under the skin, which is of natural colour, and movable over them. The small substances next suppurate and gradually enlarge, the skin becomes adherent, and changes in colour to red or even violet, while the smaller vessels in their neighbourhood sometimes become enlarged and even varicose. The tumours may attain the size of a florin, and when maturated feel soft and boggy. After a time a small circular opening appears, not larger, perhaps, than a pin's head, through which escapes a thin unhealthy pus. If deep-seated, as on the buttocks, or occurring in fat children, there may be very little or no discoloration of the skin. The chief noticeable character, then, is the small sharply-cut opening, as if a piece had been punched out. These formations follow one another, and may continue to distress the child for months or years. In mild cases a few only may form, whilst in severe cases there may be at one time ten or a dozen in different stages of development. When they heal they leave a white, sharply-defined, but not deeply-impressed scar. Now this troublesome and pertinacious condition will give way speedily to the administration every hour or two of a tenth or twentieth of a grain of sulphide of calcium. The formation of new nodules is at once checked, for a fresh one rarely now makes its appearance, although for months or years the child may have been infested with successive crops. Many of the abscesses, especially in a very early stage of development, dry up and disperse; others generally speedily maturate their contents, the thin and unhealthy pus becoming creamy and "laudable." The abscesses already in an open state improve, the pus becoming healthier, and the wounds healing quickly.

In some cases, in addition to these subcutaneous formations, the bones likewise become affected. The phalangeal bones of the hand are most frequently attacked, though not uncommonly the metacarpal, and more rarely the metatarsal. Where the phalangeal bones are affected one or several of the fingers become nodose. For a long while the skin remains pale and freely movable, but then suppuration ensues, the swelling increases, the skin becomes red and painful, and after a time slowly softens at one point, remaining boggy for a considerable period before the abscess opens naturally. Then generally a little bone separates, or in bad cases the whole of the shaft comes away, leaving the epiphyses behind. When an opportunity occurs to examine these bones before suppuration sets in the shaft is found considerably enlarged, very pale, and the cancellous structure infiltrated with a straw-coloured firm substance, whilst the epiphyses and their cartilages are healthy. Even in these severe cases the sulphides will benefit considerably; thus before suppuration has set in, or whilst it has made little way, they often remove the swelling, though large doses may be required. After much suppuration the good effects of sulphides depend in a great measure on the amount of the disease of the bone. If the whole shaft becomes necrosed of course the sore will not heal till the bone has been got rid of, but suppuration often occurs, and yet but little, or perhaps none, of the bone dies. In such a case the sulphides hasten the expulsion of the pus, and when the skin is already broken they improve the character of the wound and the discharge, and heal the sore, leaving a sunken scar adherent to the bone, whilst the finger slowly assumes its natural proportions. The sulphides similarly affect large indolent abscesses on the back of the hands or on the feet. Whilst thus influencing locally strumous formations and abscesses these remedies improve the child's health, which perhaps had failed before, in spite of cod-liver oil and steel wine. That the improvement is due to the sulphide is shown by the fact that the amendment occurs when this drug only is administered. Sometimes, instead of improving the general health, sulphides produce marked anæmia, due, I think, to the administration of too large a dose. On prematurely discontinuing the sulphide fresh formations are apt to appear, especially on the occurrence even of a slight illness; indeed, a severe illness will often excite a few fresh abscesses, in spite of the sulphides.

In suppurating scrofulous glands in the neck the sulphides appear to me to exercise a very beneficial influence by hastening the elimination of the pus, and subsequently the cheesy scrofulous matter. After the abscesses have burst, and continue to slowly discharge a scanty, unhealthy pus, and when the edges of the sores have become much thickened and indurated, the sulphides render the discharge more abundant, thick, creamy, and healthy, considerably hasten the evacuation of the scrofulous matter which prevents the healing of

the wound, and at the same time soften the round indurated edges, so that the sore heals much more speedily. If small doses appear to affect these sores inadequately, larger doses, as half a grain or a grain, should be given several times a day, or even every two hours. I need hardly say that to compass the results described the treatment must be continued several weeks, for when the sores have been discharging perhaps for months or even years, it is vain to expect much amendment in a few days.

The topical effect of sulphur ointment, or of an ointment of the hypochlorite of sulphur, or, still better, of the iodide of sulphur of the Pharmacopœia, is very marked on acne indurata and acne rosacea. Here, again, according to the stage of the eruption, the effects are twofold, and even opposed. If applied at the very commencement of the eruption, as soon as the little hard knot is felt under the skin, the ointment arrests further development and quickly dissipates the hardness. For instance, if smeared over the hardness just before going to bed, scarcely any induration will be felt in the morning, though after a time, perhaps from exercise, or the irritation from washing, much of the hardness may return, to be again removed by a renewed application of the ointment, so that in two, or at most three days, it will completely disperse a papula which threatened to become of considerable size. When, however, the nodule has advanced further, and suppuration has set in, then the effect of the ointment is much like that of sulphides administered internally, on boils. The ointment hastens maturation, limits the swelling and hardness, and thus considerably curtails the duration of the eruption. Nay, further, if rubbed over the skin it appears to check the formation of the acne spots; rubbed over the nose and neighbouring parts of the face in acne rosacea, its effects are often striking. Not only does it act as in acne indurata, but the hardened, swollen tissues become softened and reduced to a more natural state. I have found the iodide of sulphur useful likewise in bromic acne; it reduces the eruption, or, at least, lessens the size of each spot considerably. The ointment should be thickly smeared over the eruption of acne night and morning.

To adults sulphide of calcium is best administered in a coated pill in quarter or half grain doses, three or four times a day. For children I use the following formulæ:—Mix a grain of the sulphide of calcium (the member of this group which I always employ) with half a pint of water, and give to a child a teaspoonful hourly. It is essential that the medicine in this form should be compounded daily, since the salt rapidly becomes oxidized and changed into a sulphate, so that in a very short time none of the sulphide remains. It is still more convenient to give the sulphide in powder. A child should take one-tenth or one-twentieth of a grain, and the powder should be put upon the tongue and washed down with a draught of water, or a

tenth of a grain, made into a small varnished pill, should be taken hourly.

In employing these agents in baths, porcelain or wooden vessels must be used, as the sulphide attacks and discolours most metals. These baths emit a powerful odour, very offensive to some people.

CHLORINE GAS.
CHLORINE WATER.
CHLORINATED SODA } and their solutions.
CHLORINATED LIME }

These substances are used as disinfectants, antiseptics and deodorizers.

This action depends in part on their power to destroy the organisms that produce putrefaction, and those that produce the septic poison or are themselves the cause of specific fevers.

Whatever power they possess in these respects is due either to chlorine or to hypochlorous acid.

Chlorine gas, possessing very strong chemical affinities, acts probably by seizing with avidity upon the hydrogen in organic and inorganic substances, thus breaking up their composition.

Hypochlorous acid, which is given off abundantly by the two last-mentioned members of this group, is an active oxidizing agent. It yields up its oxygen readily, and is thus destructive to many substances; at the same time chlorine gas is set free, which in its turn acts in the way just described.

These substances are employed in sick rooms as disinfectants, but the evidence in favour of their possessing such a property, although very generally held to be sufficient, is inconclusive.

Some infecting matters, it is true, when treated with these substances, lose their power to propagate disease; but it is impossible to subject objects, and particularly persons, to such destructive action as is found to be required in these experiments. It is uncertain, then, whether, in the gaseous form, or in the dilute state in which it can be borne, chlorine can destroy germs and their spores.

Chlorine is a deodorizer acting in two ways. It can destroy the germs which produce putrefaction, or it can destroy the noxious gases produced by decomposition, such as the ammonias, sulphuretted hydrogen, and sulphides of ammonium, which create the disagreeable odours of sick rooms.

Owing to its gaseous state, chlorine is admirably suited as a deodorizer; it penetrates every cranny of the room, searching out and destroying noxious and offensive gases.

While these substances may be conveniently and profitably used as deodorizers, it must always be borne in mind that it is better to prevent bad smells by free ventilation, and that chlorine gas itself has an odour very disagreeable to most people. If these deodorizers are often required in a sick room it is a sure sign that ventilation is defective, and probably that the nurse is careless.

To disinfect unoccupied rooms the air must be very strongly impregnated with chlorine. M. Regnault recommends the following plan, first blocking the chimney and closing the room:—Sew one pound of chloride of lime loosely in a strong canvas bag, and put it into a mixture composed of a pint and a half of commercial hydrochloric acid with four and a half pints of water. Then after twenty-four hours freely ventilate the room for forty-eight hours.

Besides their capacity to destroy many offensive gases these substances prevent decomposition; hence they are useful as washes or injections to prevent the decomposition of the pus of sores, or cavities of the body. Sloughing, foul-smelling sores, should be washed with solutions of these or other kindred substances. Chlorine compounds, being slightly stimulating, improve the condition of indolent sores. After an operation, the pus which sometimes collects in the hollows left becomes corrupt, and gives off fœtid gas, which becomes absorbed and poisons the system. This may be avoided by washing out the cavities several times daily with a weak chlorine solution. In puerperal peritonitis, or at any time when the uterus contains decomposing matter, the vagina must be thoroughly and frequently washed out, some deodorizing and antiseptic substance being mixed with water. Many obstetricians in puerperal fever and other conditions wash out in this way the cavity of the womb itself.

Antiseptic solutions in sloughing of the throat, as in scarlet fever or diphtheria, and in salivation and ulceration of the mouth, will remove the foul odour and tend to arrest putrefaction.

A strong solution of chlorinated soda has been highly recommended in diphtheria.

The deodorizing and antiseptic substances chiefly in use, besides the members of this group, are iodine, permanganate of potash, and carbolic acid. Solutions of permanganate of potash, unless unnecessarily strong, are bland and unirritating; while the chlorine and carbolic acid solutions are stimulating, and even irritating. Carbolic acid is in some respects inferior to the other members of this group, since it seems to lack power to destroy offensive gases.

IODINE.

Iodine, like chlorine, possesses powerful chemical affinities, and combines energetically with many organic and inorganic substances, and is a disinfectant, antiseptic, and deodorizer.

Iodine may be used as a deodorizer and disinfectant by simply suspending over the patient's head a lidless chip-box, or a saucer, containing a few grains.

Ii is volatile, and readily penetrates the animal textures.

It is applied to the skin for a variety of purposes. A strong solution, as the liniment, is frequently used as a rubefacient and counter-irritant, producing at first a sensation of heat and burning, which may increase to an unendurable extent. The inflammation it excites separates the cuticle to a greater or less extent from the dermis, so slight it may be that in a few days mere desquamation results; but if the liniment is strong it rapidly produces even a blister containing serum with much fibrin, leaving sometimes a permanent scar—a misadventure which should be carefully avoided.

The skin can generally bear two lightly-painted coats of the Pharmacopœia liniment, unless a previous application has rendered it thin and delicate, when one coat, lightly applied, is all that can be endured. If, as sometimes happens, the application causes much pain, the iodine should be washed off with spirits of wine, gin or whisky, eau de Cologne, or, best of all, with a solution of iodide of potassium, and the pain subdued by the application of a poultice. On and around the painted spot iodine liniment will often excite a crop of itching and papules, which often appear as late as the third or fourth day after the application.

The liniment applied to the chest as a counter-irritant in chronic pleurisy is used to promote the absorption of the fluid accumulated in the pleura. Painted under the clavicles in the chronic forms of phthisis, it is of great service to allay harassing cough, and to check secretion from the bronchial tubes and cavities of the lungs. Painted over the front and back of the chest it often affords relief in chronic bronchial catarrh by easing the cough and lessening the expectoration. It may also be painted on any part of the chest affected with pleurodynic pains, although a mustard poultice is preferable, as it can be re-applied should the pain return. The iodine, however, may succeed where the mustard fails. Iodine is painted around joints affected with chronic rheumatism or chronic gout, or with chronic synovitis. Like blisters, it eases the pain, and often removes the fluid distending the cavity of the joint; like blisters, too, it often causes, for a few days, increased distension of the joint, the good effects not becoming

apparent till later. This increase of the swelling may be regarded as an indication of the success of the application. The liniment is useful when painted on the skin over a bronchocele. It should be applied—though it can seldom be borne oftener than once a week—as often as the state of the skin will permit, till the tumour disappears. The liniment or tincture is recommended as an application to lupus, painted not only on the edges of the sore, but also over the tissues around it. It is said to arrest the spreading of the disease. In the form of ointment its applications are manifold. It is of the greatest benefit in chilblains, if well rubbed over the affected part before the skin is broken. The tincture lightly painted over the part is often used for chilblains, but the ointment is far more efficacious, curing unbroken chilblains in one or two days. In this harassing affection I know nothing so effective. The intolerable itching of chilblains is often very difficult to relieve. Hot water often affords temporary relief. I have heard patients say that an infusion of celery, used as hot as can be borne, is highly efficacious, and that the efficacy is not simply due to the hot water, as the celery infusion affords far more enduring relief than simple hot water. Benzoin, iodine dissolved in ammonia (colourless tincture of iodine and liniment of ammonia) are each useful in chilblains.

Iodine ointment is often useful in removing some of the non-inflammatory pains of the chest; but these, not being always of the same nature, discrimination must be exercised. When the pain is situated in the muscles (myalgia), and these are tender on pressure, while the skin may be pinched without pain, this ointment is indicated. But if the tenderness is situated in the skin (pleurodynia) belladonna is to be preferred. I believe Dr. Hare first pointed out this distinction, and it is one which holds true, though not without exceptions.

The ointment, tincture and liniment of iodine are used for the same purposes; but it must be recollected that the ointment and tincture are much milder preparations, and will even after several applications produce but a small amount of desquamation. When a strong irritant action is needed the liniment must be employed; and a medium effect can be produced by suitably diluting the liniment with spirit.

The tincture or the ointment is often applied over indurated swollen glands, or parts thickened by inflammation, with the intention of removing the diseased products; but when painted over scrofulous glands, or glands subacutely inflamed, care must be taken, lest the applications increase the inflammation and favour suppuration.

Iodine is a powerful parasiticide, and is used for this purpose in skin diseases. A mixture of light oil of wood tar in the proportion of two drachms of iodine to an ounce of oil of wood tar has been

recommended by Mr. Coster as an efficient application in tinea tonsurans. It usually produces no pain, and without doubt prevents the extension of this troublesome disease.

In many cases where the disease involves a large part or the whole of the head, this application may be painted over the entire scalp. Occasionally, however, the skin is so delicate that this extensive application cannot be borne, and then it should be applied only to a small surface, and painted on a fresh part daily. In some cases it gives so much pain that it cannot be at all tolerated. Coster's paint as might be expected, is far more effectual in the circumscribed than in the diffuse form.

The liniment, ointment, or tincture will remove herpes circinatus. One application of the liniment is enough, but the ointment or tincture must be applied once or twice daily.

Painting the affected and circumjacent skin with a solution of iodine is strongly recommended to prevent the spread of erysipelas.

Mr. Jordan speaks highly of the application of the liniment in the neighbourhood of local inflammation; applied so as to produce vesication around a bubo, an abscess, or a carbuncle, it considerably reduces inflammation.

In hydrocele, iodine in solution, generally the tincture, is perhaps the best fluid to inject into the serous cavity surrounding the testicle. The serous fluid is first drawn off, then the iodine is injected into the cavity, which exciting adhesive inflammation, the contiguous surface of the sac unites, and the further effusion of serum is rendered impossible.

Iodine solution is injected into joints affected with white swelling, into the cavity of the pleura in empyæma, into ovarian tumours after tapping, and into large abscesses after their evacuation. Ten ounces of the tincture, and even more, may be injected into an ovarian sac. The results of the cases thus treated are most satisfactory. The injection of white swellings is said to produce no ill symptoms, and unless there is caries or necrosis of the bones, or swelling of the surrounding parts, this treatment is generally favourable.

In chronic pleurisy, after the side has been evacuated, iodine injections remove the great fœtor often present from the decomposition of pus in the pleural sac, and at the same time diminish the secretion from its walls. The injection must at first be weak, say four or five grains of iodine and iodide of potassium to a pint of water, but when the structures have become accustomed to it a stronger solution may be employed. No doubt this treatment is often successful; still it must be carried out with the greatest caution, otherwise inflammation, with high fever, may set in and prove fatal.

Milder injections, containing permanganate of potash, or a small quantity of creosote, or quinia, are generally adequate to destroy the

fœtor, in which case the more powerful agents are of course not to be used. Since the wasting, the loss of appetite, and depression in cases like these is mainly traceable to the absorption of poisonous gases and putrid fluids, it is of the highest importance to keep the sac free from them.

Iodine solutions, injected into the cavities of large abscesses, their contents having been discharged, often prove very serviceable. The tincture itself may be freely used; the cavity of the abscess should subsequently be kept clean and sweet by frequent washings with a weak solution of permanganate of potash. Iliac and lumbar abscess, too, may be treated in this way.

Lister's method of treating abscesses and empyæmas has, however, in most cases, rendered the use of chlorine and iodine applications unnecessary.

The hypodermic injection of tincture of iodine, in five to fifteen or more minims, is now much used for the cure of bronchocele. Iodine is useful also in hypertrophied tonsils and glandular tumours. The tincture must be injected into the glandular enlargement, and not into the connective tissue, or ulceration will ensue. The injection should be repeated once or twice a week.

The tincture of iodine may be used as an inhalation, with signal benefit in the four following instances :—

1. In the chronic forms of phthisis (fibroid lung); when the expectoration is abundant, and the cough troublesome, an inhalation used night and morning will generally lessen the expectoration, and allay the cough.

2. In children, six to ten years of age, after measles, or independently of it, on exposure to cold, seized with hoarseness, a hoarse hollow cough, and some wheezing at the chest. This affection involving the larynx, trachea, and larger bronchial tubes, often proves very obstinate, is apt to return, and to persist a considerable time.

3. In some epidemics of diphtheria the inhalation recommended by Dr. Waring-Curran:—4 grains of iodine, 4 grains of iodide of potassium, 4 drachms of alcohol, and 4 ounces of water. A teaspoonful of this should be added to boiling water, kept hot by a spirit lamp whilst the steam is inhaled. As the patient becomes accustomed to the iodine the quantity of the solution may be increased till half an ounce of it is used at each inhalation. It should be repeated many times a day, and each inhalation continued from eight to twelve minutes.

4. In itching of the nose or of the inner canthus of one or both eyes, sneezing, running at the nose of a watery fluid, weeping of the eyes, and severe frontal headache. Patients of various ages are greatly troubled, often for many years, with daily attacks, lasting it may be several hours. Iodine inhalation often removes this affection at once, and when it succeeds partially it almost always lessens the

headache and discharge from the nose. Its effect is most marked on the itching. (*See* Arsenic.)

I generally adopt the following simple, handy, cleanly, and effectual plan of inhalation :—Heat well a jug capable of holding about two pints, by rinsing with boiling water, then partially fill with boiling water, into which pour twenty to thirty drops of the tincture of iodine ; then direct the patient to put his face over the mouth of the jug, and to breathe the iodized steam ; covering both the jug and the patient's head with a towel to prevent the escape of the steam. This inhalation should be used night and morning, for five minutes, or a little longer. Occasionally an excess of iodine will temporally produce a sensation of soreness in the chest and throat, sometimes with redness of the conjunctiva, running from the nose, and pain in the head.

In chronic ozœna it is useful to flush the nose with a solution of common salt, containing a few drops of tincture of iodine.

The tincture is useful to remove tartar from the teeth ; and to stimulate the gums when they begin to recede, leaving the teeth exposed, and more liable to decay. It should be painted over the gums close to the teeth.

An iodine gargle, made with two or four drachms of the tincture to eight ounces of water, has been recommended to allay mercurial salivation ; and the tincture of iodine is applied to sores of the throat, syphilitic and simple.

Iodine, in undue quantity, irritates and excites inflammation in the delicate structures of the stomach, inducing pain at the epigastrium, vomiting, diarrhœa, sometimes much collapse, and even death. It should be given soon after a meal, when the mucous membrane is protected by the food.

When iodine reaches the stomach or intestines, and certainly when it enters the blood, theory would suggest that this drug becomes converted either into an iodide of potassium, or, more probably, of sodium, and thenceforth, in its career through the body, it would behave as an iodide. Practically, there is much to confirm this view, as the action of iodine on the distant organs of the body is very generally admitted to be identical with that of the iodides ; yet some practical authorities state, that in chronic rheumatic arthritis the tincture of iodine is serviceable when the iodide of potassium fails, although it is difficult to understand how this should be. Some becomes converted into an albuminate.

Dr. Anderson recommends iodine in malarial fever. He has treated "upwards of 300 cases with almost invariable success." He gives from twelve to fifteen minims of the compound tincture. It is said it is not only a cheap but an efficient substitute for quinine, curing some cases of ague where quinine has failed.

A FEW INTRODUCTORY REMARKS REGARDING THE RELATIVE EFFECTS OF POTASSIUM AND SODIUM SALTS.

In prescribing a medicine it is important to recollect that an element on combining with another element does not lose its characteristic action, and that the action of a salt is the sum of the action of its component parts. For instance, in bromide of potassium we still have the action both of bromide and potassium, and these substances on combining do not lose their individual properties, nay, their separate activities are but little diminished, so that all potassium salts appear to be equally poisonous to the animal body. Of course if the salt has an acid or alkaline reaction it will act in virtue of its acidity or alkalinity; but from numerous experiments all neutral salts of potash appear to be equally poisonous.

We often prescribe remedies for their acid radicle only. This is the case with iodides and bromides. Iodides act certainly in most diseases in virtue simply of the iodine or bromides in virtue of the bromine. Hitherto the practice has largely prevailed of prescribing potassium compounds of iodine and bromine in preference to the sodium or ammonium salts, but this practice ought certainly to be avoided, for potassium salts are far more poisonous than the sodium salts, without being in many cases more therapeutically active. It is obvious we ought to avoid this unnecessary depression, arising from the use of potassium salts in preference of sodium salts.

I will now draw attention to the differences chiefly between sodium and potassium salts; differences in degree, but in some particulars likewise in kind.

Potassium salts are highly poisonous to all the animal tissues, suspending the functional activity of the nervous and muscular structures, and probably of all the tissues of the body. On the other hand, the corresponding sodium salts are almost atoxic, even when administered in much larger doses than the potassium salts.

This difference between potassium and sodium compounds is well exemplified in experiments on the ventricle of the frog's heart. Potassium salts markedly affect both nervous and muscular functions. Small doses affect the spontaneous contractions, at first greatly reducing their frequency, and then arresting them, whilst considerable contractility still persists, which may be made evident by stimulating the ventricle by an induction shock. A slightly increased dose of the potassium salts soon suspends contractility likewise; sodium salts, on the contrary, affect spontaneous action very little, so that as long as contractility lasts spontaneous action continues. Sodium

salts, moreover, must be given in doses fourteen to fifteen times larger than the potassium salts, in order to suspend muscular contractility.

Whilst potassium salts largely increase the latent period in an induced muscular contraction, sodium salts produce very little effect.

Potassium salts greatly augment the duration of the period of diminished excitability. Sodium salts very slightly extend this period.

When the ventricle is strongly faradized it is thrown into a tetanic state. Potassium salts in small doses prevent this tetanus; whilst sodium salts, even in much larger doses, but slightly lessen it.

Faradization arrests the spontaneous contractions in a ventricle poisoned with only a small quantity of a potassium salt; but, on the contrary, faradization applied to a ventricle, even when arrested by sodium salt, induces the return of contractions, one contraction being piled on the top of another, and thus a considerable contraction of the ventricle is produced, and is sustained, as in tetanus.

Thus we see that potassium, even when combined and forming neutral salts, still acts as a powerful poison, whilst so weak is the action of sodium that it can hardly be called a poison. From these facts it is obvious that when we seek to profit by the action of the acid radicle of iodine or bromine we should give the preparation of sodium in preference to that of potassium. So far I have based this conclusion on physiological experiment on animals, but clinical experience has long taught the same lesson; indeed, potassium salts are far more powerfully depressing, whilst not more therapeutically active than the sodium salts. These considerations have led latterly to the introduction of hydriodic and hydrobromic acids, and of iodoform in place of iodides and bromides. These preparations are still on their trial, in respect to their relative value compared with bromides and iodides.

The poisonous action of potassium, sodium, ammonium, and some other salts, depends mainly on the percentage dose, not on the total amount conveyed to the heart. In experiments on the detached frog's heart, when sufficient of the salt is added to the circulating blood to cause arrest of contractility, this annulled property can be restored by diluting the blood with an equal quantity of saline solution, so that the ventricle receives the same quantity of the salt, but in a more diluted form.

These facts elucidate the meaning of the experiment of injecting a large dose into the jugular vein, so that the salt reaches the heart in a concentrated condition, and arrests its action, whilst the same dose injected at a distance from the heart, so that it becomes freely diluted with blood, does not depress that organ, or at least in a very small degree.

In poisoning by such salts it is evident that the treatment should consist of free drinking to dilute the blood, and also to promote

elimination by the kidneys and skin. Bleeding, too, should be of some service.

These remarks merely mean that after absorption all potash salts appear to be equally, or nearly equally, poisonous to the nervous and muscular tissues, affecting first the brain and central nervous system, next the nerves, and lastly the muscles. But clinical experience abundantly shows that some potash compounds are far more harmful than others. The most injurious are alkaline in reaction, and produce a depressing effect through the stomach, for at first alkalies increase the secretion of gastric juice, but if too long persisted in they disorder the mucous membrane, and so diminish its digestive powers. In many investigations with potassium salts the results have been undoubtedly due entirely to the potassium, the acid radicle not playing any part in the results; and this statement holds particularly with bromide of potassium.

IODIDE OF POTASSIUM, IODIDE OF SODIUM, AND IODIDE OF AMMONIUM.

Iodide of potassium being an extremely soluble salt, endowed with a very high diffusion-power, finds ready entrance into the blood, and speedy exit from it with the secretions of the body.

As an external application it formerly enjoyed more favour than is accorded to it now. As an ointment to the skin over enlarged glands, or parts thickened with inflammatory products, in conjunction with the internal use of iodide of potassium, it hastens the resolution of obstinate nodes, and is especially useful when the internal use of this salt disagrees, causing nausea, diarrhœa, or great prostration. The ointment is sometimes used for the itch, and the ointment of this salt, or of iodine, is often used in bronchocele.

According to most authorities, the iodide, probably after its absorption into the blood, produces decided changes in the mucous membrane of the mouth, causing redness and injection of the lining of the cheek, the throat, soft palate, and of the tongue, and an increased growth and separation of the epithelium covering these parts, and an augmented flow of saliva. These phenomena, however, are certainly often absent after large doses of the medicine, and even in severe iodism.

A patient told me that he had tried Spirone for asthma, but could not continue it, as it produced in his throat a disagreeable sensation, just like that induced by potassium iodide. He was convinced it contained an iodide; and on testing Spirone with Mr. Martindale in his laboratory, we found abundance of iodine, and Dr. Paul gave us the following result of his analysis: Glycerine, about 24 per cent.,

about 2 per cent. of potassium iodide, whilst nearly half its volume consisted of acetone. In one case of bronchitic asthma I tried a 2 per cent. solution of potassium iodide as a spray, using about a drop diluted with water, thrice daily. It greatly relieved the patient during her attacks, and seemed quite as efficacious as Himrod's powder, whilst its effects seemed more permanent than the powder or than the iodide of methyl, which is also useful in paroxysms, acting in part no doubt through its iodine constituent.

A large dose irritates the stomach and disorders digestion. Some are far more prone than others to be thus affected, so prone that even minute medicinal doses sometimes irritate the stomach.

Like the chloride of sodium and chloride of ammonium this salt increases the production of mucus from the stomach and intestines, as well as from the mucous membrane of other parts of the body; but when this result is intended we resort in preference to the chloride of ammonium.

Its great diffusion-power enables it to pass with great rapidity from the stomach into the blood, and it very speedily appears in the urine, so that only a small proportion passes into the intestines. It purges only when taken in very large doses, but it is never employed for this purpose.

Some maintain that when iodide of potassium comes in contact with the chloride of sodium, either in the stomach or blood, it changes its base, becoming iodide of sodium. At present we know but little what physical or chemical changes it produces in the blood, or in the organs to which it is carried.

If its administration is continued for a long period, or if the patient manifests great susceptibility to its action, we may produce a condition termed iodism.

Many persons can take this drug in very large quantities for an almost indefinite time, without the induction of iodism, while with others very small doses, even of a grain or part of a grain, is sufficient to produce it.

The tissues most frequently and most severely influenced by this drug are the mucous covering of the eyes and lining of the nose, frontal sinus, and mouth, with the skin of the face. Some slight running at the nose is first noticed, with occasional sneezing, and a little frontal headache, these symptoms becoming more marked; when the conjunctiva become injected, with abundant flow of tears. The loose tissues about the orbit become swollen, reddened, and œdematous, and occasionally a peculiar rash appears on the skin of the face, at first noticed around the eyes, after which it attacks the nose and its neighbouring parts, and then the chin. The parts in the order here stated are severally most severely affected. The nose is sometimes reddened, especially at the tip, and is rather swollen. The rash does not always present the same appearance. It is often very

much like acne, and is always hard, shotty, and indurated, but the papules may be broad and large, and covered with what looks like a half-developed vesicle or pustule. The changes in the mouth have already been mentioned, when speaking of the influence of this medicine on that part. With some persons the stomach is at the same time deranged, although in the author's experience this organ often escapes when the face is affected; on the other hand, the stomach sometimes suffers when the nose and eyes are unaffected. When the stomach is singled out by the iodide, it induces nausea, and a sensation of sinking at the epigastrium, with loss of appetite, and sometimes watery diarrhœa. A grain or even less may thus affect the stomach.

If the drug is discontinued on the occurrence of iodism the symptoms just described speedily disappear; and the rash on the face, the running at the eyes, &c., will greatly decline in the course of twenty-four to forty-eight hours.

Iodides sometimes, as I shall show presently, cause diuresis. In some persons iodides produce a petechial rash, affecting almost always the leg exclusively, rarely extending above the knee, and rarer still to the trunk or upper extremities. It may, at first, take several days to produce this rash, but when the spots have disappeared a single dose of five grains may, in three hours, suffice to reproduce it. Sometimes on persisting with the medicine no fresh rash appears, and the old spots die away; while in other cases the rash endures as long as the medicine is continued. This rash may be the only apparent effect of the iodide, but it is generally accompanied in a variable degree by a few or many of the symptoms of iodism. The salts of iodine differ with respect to the production of this rash; thus in many cases the ammonium salt is most apt to induce it, and the sodium salt the least liable: in other cases, where the ammonium and potassium salts produce a large crop of petechiæ, the sodium salt is inoperative. Some persons are equally affected by each of these three preparations. In one case, while the ammonium and potassium salts produced numerous petechiæ, the sodium salt failed to do so, but excited on the arms some erythema marginatum. The petechial rash is often preceded by a sensation of heat, accompanied by some tenderness. These facts seem to disprove the assertion that either in the intestines or in the blood all iodides ultimately become iodide of sodium. A patient some years after suffering from a white leg took iodide of potassium on three separate occasions; each time an abundant crop of petechiæ appeared below the knee of the damaged leg, whilst none appeared on the other leg.

Iodide of potassium sometimes produces distressing depression of mind and body, rendering the patient irritable, dejected, listless, wretched, and unable to take moderate exercise without fatigue, and perhaps with a tendency to fainting. The appetite is generally very

bad. These symptoms may arise from a very small dose, and may occur without coryza or irritation of the stomach—a fact important to bear in mind, otherwise, the cause of the depression being overlooked, the medicines may be persisted in. On discontinuing the drug these distressing symptoms disappear in one or two days. It now and then exceptionally happens that the symptoms just described sometimes cease in a few days, even though the patient goes on taking the medicine.

When the potassium salt is not tolerated the ammonium or sodium salt can sometimes be borne. Thus iodide of potassium in ten-grain doses, thrice daily, produced so much headache, sneezing, and running at the nose, that it could not be continued, whilst the same dose of iodide of sodium was easily borne, causing no headache, and only a little running at the nose.

A full dose of carbonate of ammonia or spirits of ammonia given with the iodide of potassium will, it is said, obviate these symptoms of iodism; but though I have many times put this recommendation to the test, I have seen no decided results, although perhaps the ammonia did occasionally somewhat control the iodism.

Arsenic will lessen or prevent the eruptions produced by iodides. Dr. Phillips, of St. Mary's Hospital, reports the case of a patient who took fifteen grains of potassium iodide thrice daily, which produced marked general purpura, and he found the addition of five minims of liquor arsenicalis to each dose quite removed the petechial rash, which, however, returned on discontinuing the arsenic, and again disappeared on resuming it. He tested the effect of arsenic four times on this patient, and each time removed the petechiæ.

Ten grains of iodide of potassium taken at bedtime often cuts short an acute cold in the head, especially at the onset. It is much less efficacious if the cold attacks the lungs also, and in influenza it appears to be useless. In ten-grain doses several times a day it is said to cure that troublesome and obstinate affection, violent paroxysmal sneezing (see Arsenic). It is likewise useful in chronic colds in the head in two or three-grain doses thrice daily. Iodide of potassium is very useful in chronic bronchitis, and may be profitably given with chloride of ammonium, both drugs first increasing the amount of expectoration and making it less viscid. Five grains of potassium iodide, half a grain of tartar emetic, an ounce of syrup of orange peel and three ounces of water make an excellent mixture in teaspoonful hourly doses in acute febrile catarrh of the respiratory tract. It is especially serviceable for children; the tartar emetic, acting very like aconite, induces a copious perspiration.

The iodide is employed in a great variety of diseases. It is largely employed in syphilis, but is not equally efficacious in all its forms, being more useful in secondary and tertiary syphilis, especially in the tertiary form, where mercury may do harm. The iodide should be

employed when the health is broken, when mercury has been taken without good results, or when the bones are diseased. It is conspicuously beneficial when the disease fixes on the periosteum of the bones or fibrous structure of the softer organs and forms nodes. Its action on this form of the disease is almost magical; it soon subdues the pain, and the nodes, if not of long standing, quickly disappear. In the treatment of tubercular syphilitic skin eruptions Dr. Neligan prefers it to a salt of mercury. The iodide of potassium is of very great service in syphilis of deep-seated and important organs. It has been commended in syphilitic iritis; but in this case most authorities prefer mercury. The secondary syphilis of children is best treated with mercury; yet the following somewhat rare form of syphilis gives way best to iodine. In children a few months or years old, a syphilitic thickening of the periosteum is sometimes observed, usually attacking the heads of several of the long bones, and sometimes also the shafts. The thickening is first felt around the bones; but as the disease advances the neighbouring soft tissues become infiltrated with a firm exudation, which may increase to such a degree that the implicated part of the limb becomes much swollen, the skin very tense and shining, and a little reddened. The affected parts are very painful. When the disease is seated at the head of the bones the movement of the joint is not impaired. If long uncured, this condition leaves behind it permanent thickening and enlargement; and so we sometimes see children with syphilitic teeth, and blind from syphilitic iritis, with considerable enlargement of the heads of several of the long bones.

Certain non-syphilitic periosteal thickenings yield likewise to this remedy.

The iodide of potassium has been recommended in mercurial salivation. I agree with those observers who believe that iodide of potassium often aggravates mercurial salivation; though the iodide does sometimes appear to be undoubtedly beneficial.

As the action of the iodide on the mercury in the system throws much light on this question we will now shortly discuss it. The mercury salts, like those of most other metals, form insoluble compounds with albuminous substances. These compounds are very generally soluble in the chlorides, bromides and iodides of the alkalies, but especially in the iodides. Many metals, amongst others mercury and lead, are deposited from the blood in an insoluble form, in the animal structures, and iodide of potassium, by re-dissolving either of these two metals, brings one or the other again into the circulation, and so re-subjects the system to its influence. But then iodide of potassium will promote the separation of both mercury and lead by the urine, and thus help to free the system from their pernicious effects.

It has been said that iodide of potassium will dissolve mercury

compounds of albumen in the body, and bring them back into the circulation; and herein we have the explanation of a well-known property of this salt, namely, that of producing salivation in persons who had previously taken a considerable quantity of mercury. After taking mercury for some time, if a patient had then become salivated, it would naturally be anticipated that iodide of potassium would still further increase the ptyalism, and not check it. In other cases it might happen otherwise; for we have seen that the salt will effect the separation of this metal through the urine. In a case, therefore, where but little mercury has been taken, during only a short time, yet sufficient to produce salivation, the iodide of potassium by quickly separating the metal from the system, would remove the mercurial symptoms, including the salivation. Should it ultimately prove that the increased elimination is due to the mercury being brought back into the circulation, and so under the influence of the kidneys, and that the iodide does not promote the exit of the metal in any other way, then the iodide must be simply harmful in mercurial salivation.

It has been said that this salt of itself will produce salivation, an effect which has been ascribed to the action of the iodide on the mercury in the way just explained; others hold, even where no mercury has been taken, that the iodide of potassium itself increases the salivary secretion to a variable amount in different persons.

The unequalled efficacy of iodide of potassium in eliminating lead from the system through the urine has led to the employment of this drug in lead-poisoning. Further on, when treating of lead, it will be shown how, by virtue of its power of eliminating this metal, iodide of potassium may prove itself useful in certain forms of gout.

It is of signal service in bronchocele, when the enlargement of the thyroid gland is due to hypertrophy, not to cystic formations, or to other causes. Its internal employment is often supplemented by painting the swelling with the tincture or liniment of iodine. Iodide of potassium is used too in either induration or enlargement of the glands, as of the mamma or testicle, though with less advantage than in bronchocele.

The iodides quicken the absorption of inflammatory effusion, such as occurs in pleurisy and in inflammatory thickening of organs. Iodide of potassium sometimes relieves sciatica and lumbago, although it very often fails to affect either, especially sciatica, even when the pain is worse at night.

Iodide of potassium sometimes benefits chronic rheumatism, chronic rheumatic arthritis, chronic gout, especially the two former affections. It should, however, always be borne in mind that the pains of secondary syphilis, frequently resembling in all respects those of so-called chronic rheumatism, are frequently confounded with, and included among, the manifold affections termed chronic

rheumatism. Some of the so-called cases of rheumatism relieved by iodide of potassium are probably cases of syphilis.

The pains which yield to iodide of potassium are mainly those marked by nocturnal increase of suffering, a symptom which may be accepted as a strong indication for the employment of this medicine —an indication holding true, whether the pains are referrable to rheumatism or to some other source. Syphilitic pains, it is well known, are generally worse at night, and so are the pains of many cases of chronic rheumatism; now, the iodide generally benefits these rheumatic cases.

Iodide of potassium is sometimes singularly useful in peptic and bronchial asthma. Five grains or more, three times a day, may be required. Now and then its good effect is not manifested for some time, though possibly in such a case larger doses would bring prompter relief. The late Dr. Hyde Salter, whilst admitting the great efficacy of this salt in some instances, was inclined to think that in the majority of cases it is useless. My limited experience leads me to think it more frequently useful than Dr. Salter was willing to admit.

Iodide of potassium has sometimes obviated barrenness, presumably due to syphilis. Many employ it to lessen the secretion of milk.

Iodide of potassium occasionally acts as a powerful diuretic in Bright's disease. I have seen it remove all the dropsy in thoroughly water-logged patients, every part of the body being œdematous, the legs swollen till they could not be bent, the skin shiny from distension, and the abdomen distended with fluid. The iodide increased the scanty urine from a few ounces daily to 30, then 50, 60, and 120 ounces, till the dropsy disappeared, every vestige of it, in a fortnight. While, however, this drug increased the urinary water and removed the dropsy, it produced very little effect on the amount of albumen. Of course, in proportion to the increased quantity of urine, the relative amount of albumen diminished; but, in fact, the albuminous urine is simply more diluted, and in estimating the amount of albumen separated in the day, we must bear in mind the amount of urine voided. For instance, if a patient is passing only ten ounces daily, and on boiling the urine the coagulated albumen occupies half the tube, if then the urine is increased to twenty ounces, the coagulated albumen will occupy only a quarter of the tube, although the quantity of albumen separated remains the same. Where the iodide proved so useful I at one time thought the patient had suffered from syphilis of the kidneys, and that the drug, removing this disease, the kidneys recovered their lost power and eliminated the dropsical fluid. In some of my cases, however, there was no reason to conclude that the patients were syphilitic; the disease, in some cases, following scarlet fever, in others it appeared to be due to cold. Like other diuretics, as, for instance, resin of copaiba, its action is very uncer-

tain. In many cases, in most indeed, the iodide fails altogether; but this uncertainty can in part be explained; thus a moderate dose of from five to ten grains will act powerfully with a certain number of patients, whilst in others the dose must be very large. In one case I did not obtain its diuretic action till I gave one hundred grains daily, and even this dose had to be increased to two hundred daily to maintain the effect and eliminate all the dropsy. Now, in most patients, large doses bring on severe iodism and depression, so that probably the diuretic dose cannot be reached. In my experience, iodide of potassium, like digitalis, ceases to act as a diuretic when the dropsy disappears.

In aneurism Dr. Balfour recommends iodide of potassium in doses from five to thirty grains continued for a considerable time, even for twelve months, conjoined with the recumbent posture and a restricted diet; and he narrates several cases strikingly confirmatory of the efficacy of this mode of treatment. Dr. Chuckerbutty supports his statements. I, too, have seen on several occasions large doses of the iodide of potassium afford prompt relief in the severe pain from aneurism; the drug presumably acts by lessening both the size of the tumour and its pressure on the nerves. In some cases it is certain that the tumour grows smaller and less pulsatile. Patients sometimes assert that a slight discontinuance of the iodide of only 36 to 48 hours is always followed by an increase in pain, which ceases on returning to the remedy. To afford relief large doses are sometimes required; 130 grains or more daily may be necessary.

It probably acts partly by depressing the heart's action and so lessening pressure in the aneurism and partly by some direct action on the dilated vessel. As aneurisms often occur in syphilitic persons, the drug may in some cases act antisyphilitically, but certain it is that in cases quite free from syphilis it is highly beneficial.

Dr. Huchard claims to have cured twenty cases of angina pectoris by the administration of fifteen to thirty grains of sodium iodide daily. He considers angina to be an affection of the arteries, inflammatory in nature, and he maintains that iodide of sodium will cure this condition if employed early enough, by obviating narrowing of the origin of the coronary vessels.

Iodine has been detected in the blood, saliva, milk, and urine, even in the urine of the sucking child, whose mother was taking iodide of potassium. Its great diffusion-power renders it probable that it might be detected in all the fluids bathing the tissues or moistening the cavities. It appears in a few minutes in the urine, and still more rapidly in the saliva. The rapidity of its absorption is of course influenced by the state of the stomach and vascular system, the absorption occurring more slowly when these are replete. The statements concerning its influence on the various constituents of the urine are so discrepant, and the observations made on the subject are

so imperfect, that at present our knowledge in this respect must be considered untrustworthy. It is rapidly separated from the body, and, even after large doses, soon becomes indetectible in the urine; indeed, after withholding the drug, every trace of it may vanish in less than twenty-four hours. It is stated, on doubtful grounds, that it may be detected in the saliva some days after it has ceased to appear in the urine.

Some writers hold that iodide of potassium given in large doses for long periods may produce albumen in the urine, and even Bright's disease.

Atkinson finds that iodide of potassium often causes oxalates to appear in the urine.

It is said that in Bright's disease iodides are not eliminated by the kidneys; and Duckworth found their appearance in the urine delayed for an hour or longer.

Five grains three times a day is generally a sufficient dose. Sometimes, as in rheumatoid arthritis, and in syphilis, no benefit is obtained until much larger quantities, or ten, fifteen, or even twenty grains are given at a dose.

Large doses arrest the rapid sloughing of certain syphilitic sores and promote the healing process. Full doses sometimes succeed when smaller ones fail.

For the removal of syphilitic nodes from the membranes of the brain five to ten grains, repeated three times a day, is generally sufficient. At first the drug sometimes intensifies the pain, then the disease rapidly declines. In no other affection does this medicine yield such striking results.

Iodide of potassium may be conveniently administered in milk.

BROMIDE OF POTASSIUM, SODIUM, AMMONIUM, AND LITHIUM.

These salts in physical and chemical properties are closely allied to the corresponding iodides; yet in their action on the body the bromides and iodides severally exhibit considerable differences.

The persevering use of bromides occasionally produces an acneform rash, and even boils. Yet Dr. Cholmeley reports the cure of some obstinate cases of acne by moderate doses of bromide of potassium.

Bromide of potassium, in five parts of glycerine, has proved useful, it is said, as a local application to ease pain in hæmorrhoids, fissure of the rectum, and in painful growths.

If taken in moderate doses for some time, or in larger doses for a shorter time, bromide of potassium diminishes the sensibility of the soft palate, uvula, and upper portion of the pharynx, as evidenced by the absence of movement in these parts when they are touched. Zœpffel finds that bromide of potassium affects the reflex irritability but not the sensibility of the pharynx; thus, after its use, irritation of the throat will not excite deglutition, but the pain of operations is not lessened. He agrees with Voisin, that thirty grains may be insufficient to affect the pharynx, and that sometimes it may be necessary to repeat this dose two or three times, a few hours apart. It has been recommended to give the bromides to reduce the excitability of the throat preparatory to a laryngoscopical examination; and it is even averred by some writers that merely brushing the pharynx and soft palate with a solution of the bromide is sufficient to quell the irritability and to permit a laryngoscopic examination with comfort to the patient. Many observers, however, question this use of bromide, and Dr. Mackenzie considers that ice is more efficacious; a cocaine solution or spray of 5 per cent. strength applied to the throat is very efficacious.

Assuming that the bromides possess the property of diminishing the sensibility or the reflex irritability of the pharynx, it was naturally surmised that they would lessen the excitability of the larynx, and thus prove useful in those diseases accompanied by spasmodic contraction of the glottis, as whooping-cough and laryngismus stridulus.

It is possible to reconcile the discrepant statements concerning the influence of this remedy on these diseases. Now, as to whooping-cough, all observers must admit that some cases are altogether uninfluenced by this remedy, and that it lessens neither the frequency nor the severity of the paroxysms of coughing. In other cases, it appears to control both the frequency and the severity. The bromide, I believe, will be found serviceable only in simple uncomplicated whooping-cough. If there is fever, or much catarrh of the lungs, if there is pneumonia, or tuberculosis, if the child is teething, and the gums are swollen, red, and painful, or if there is any gastric irritation, then till these complications have been met by appropriate treatment this remedy fails; but when the case has been reduced to a simple form, the bromide of potassium does certainly influence the disease, lessening both the frequency and severity of the paroxysms.

It is thus found to be of most service in the summer, or when the weather is genial and mild. Like other remedies for whooping-cough, the bromides are more efficacious in some epidemics than in others.

The efficacy of bromide of potassium in laryngismus stridulus is subject to conditions very similar to those which limit its usefulness

in whooping-cough. Any irritation, as that from teething, must be removed before the remedy appears to manifest any power.

As, however, in cold sponging, we possess a cure for laryngismus stridulus, ready, prompt, efficient, we need not often have recourse to the bromide. (*See* Cold Bath.)

The bromides are sometimes useful in whooping-cough, and laryngismus stridulus when complicated with convulsions. During a paroxysm of laryngismus stridulus, or whooping-cough, the obstruction in the larynx sometimes becomes so urgent as to induce very imperfect oxidation of the blood, and to cause partial asphyxia, resulting in an attack of convulsions. Convulsions, moreover, are not uncommon in laryngismus, independent of asphyxia, unaccompanied with an attack of crowing, the early and less developed stage of these convulsive attacks being manifested in carpo-pedal contractions, squinting, &c. The bromides will control the recurrence of these convulsions, even when the disease itself is apparently otherwise uninfluenced.

With regard to laryngismus stridulus, cold sponging is generally sufficient to avert convulsions; but in cases where, from the effects of any irritation, cold sponging is ineffectual, the bromide of potassium will, in most instances, avert the convulsions, thus obviating one of the gravest dangers of this disease.

The bromide of potassium will much benefit a curious affection we sometimes meet with of a child, which from the time of his birth can swallow solids with ease, yet is choked every time he tries to drink. This strange affection is in no way connected with diphtheria, or any visible affection, or malformation, of the throat.

The bromides, so far as we know, appear to have very little influence on the stomach.

In certain cases these salts exert a beneficial influence on the intestines; for instance, in a form of colic, which sometimes affects children from a few months to one or two years old. The walls of the belly are retracted and hard, while the intestines, at one spot, are visibly contracted into a hard lump, the size of a small orange, and this contraction can be traced through the walls of the belly, travelling from one part of the intestines to another. These colicky attacks, unconnected with constipation, diarrhœa, or flatulence, occur very often, and produce excruciating pain. Sometimes they are associated with a chronic aphthous condition of the mouth. They generally resist all other kinds of treatment but the bromides.

Like the iodides, these salts pass quickly into the blood, and we shall now treat of their influence on the organs to which they are conveyed by this fluid.

The bromides lessen considerably the functions of the brain and cord. Experimentally, it is found that in animals under their influence irritation of the motor centres of the brain fails to excite convulsions.

Bromide of potassium is used in a variety of diseases, but its virtues are chiefly conspicuous in convulsions.

It is serviceable in all forms of convulsions—in epilepsy, in the convulsions of Bright's disease, and in the convulsions of children, whether due to centric or eccentric causes. Albertoni finds that potassium bromide given for several weeks greatly diminishes the excitability of the motor centres of the brain, so that he could not excite epileptic convulsions in dogs by irritating the cortical substance.

In no disease is the bromide of potassium more signally efficacious than in epilepsy, though it is not equally useful in all forms, for this drug leaves attacks of *petit mal* often unbenefited. It is the convulsive form of epilepsy which is so remarkably amenable to the bromide, for in by far the greater number of cases, the fits, under its influence, become much less severe and less frequent. Even when of great severity, and repeated perhaps several times a day, the fit may be posponed for weeks, and even months; nay in some cases it has been delayed for years.

Cases of the convulsive form, however, occasionally occur, over which the bromide appears to be powerless; the fits recurring as often and as severely as if no medicine had been taken. Sometimes, when the drug arrests the epileptic convulsion, the patient becomes dull, irritable, idiotic, conditions which on the recurrence of a fit are removed. Again, though stopping the greater attacks, bromides may increase the frequency of the *petit mal*. It is not possible to foretell when the medicine will succeed, and when it will fail. As might be expected, the effects of the drug are most marked when the disease is of short standing.

Dr. Weir Mitchell recommends bromides of lithium in epilepsy.

It contains a larger percentage of bromide than either the sodium or potassium salts, and it acts more powerfully, so that smaller doses may be given. Dr. Mitchell thinks the lithium salt succeeds sometimes when the potassium and sodium salts fail. As a hypnotic, he says, "it is superior to the potassium and other salt of bromine." Echeverria thinks it is inferior to the potassium salt in epilepsy, and as a hypnotic superior to the sodium and calcium salts.

Echeverria considers the potassium salt much superior in epilepsy to the ammonium salt. The ammonium salt is more disagreeable to the taste. In epileptic maniacal excitement Echeverria finds bromide of sodium far less serviceable than bromide of ammonium. He moreover asserts that bromides fail to suppress mental excitement in epileptics unless combined with some other narcotic, as conium, cannabis indica, hyoscyamus, chloral (15 to 20 grains each), or, still better, ergot of rye.

In mild epileptic cases ten grains three times daily is sufficient. When the attack occurs only at night the best way to avert it is to

give at bedtime a full dose of thirty grains. Echeverria finds that the average dose required is sixty grains daily, but in severe cases a much larger quantity may be needed. In respect to the dose, Voisin says, "I have employed for many years a method which has given me the best results, which consists in determining the condition of reflex nausea by introducing a spoon as far as the epiglottis. I have remarked that a therapeutic dose of the bromide of potassium is not attained till reflex nausea is suppressed; it is not till then that the bulb is certainly acted on, and its excito-motory force diminished. . . . The study of other reflex phenomena, such as lachrymation, cough and sneezing, enables us to follow the action of the medicine upon the bulb and spinal cord. The dose should not be increased beyond the suppression of reflex nausea, but it should be given continuously for years together. If the malady be ameliorated, or in process of cure, at the end of two years of amelioration, the remedy, instead of being administered every day, may be given every second, third, or fourth day, provided reflex nausea be always and certainly absent." Voisin considers that the early manifestation of toxic effects is a good, and their late appearance a bad, augury.

If the patient is not cured, but only benefited, by the bromide, it may be continued for months or years. But its administration should be suspended at times for a week or ten days, or on two days in each week, say Monday and Thursday, otherwise the system becomes accustomed to it, when it loses its influence, so that the good effects, so well marked originally, cease altogether, the fits recurring with their old severity and frequency. If in such a case the drug is withheld for a time, and then resumed, it again manifests all its previous efficacy.

It has been asserted and denied that chloride of potassium in epilepsy is as efficacious as bromide of potassium.

We have already spoken of the effect of bromide of potassium on the convulsions sometimes accompanying whooping-cough and laryngismus stridulus. The bromide will often prove useful in all other diseases associated with general convulsions. Of course the exciting cause of the convulsive attacks should, if possible, be removed; but even when the cause is indetectable this salt will often lessen or prevent the epileptiform seizures. The convulsions caused by intestinal worms sometimes resist this remedy completely.

Bromide of potassium will often check the convulsions resulting from simple meningitis, when the fits which sometimes persist after the decline of the inflammation inflict serious damage.

Many writers extol bromide of potassium in the incidents of teething, averring that it lessens pain, obviates irritability and restlessness, and prevents convulsions. Bromide of potassium checks the salivation sometimes occurring in pregnancy, and succeeds sometimes after the failure of atropine and pilocarpine. (Schunn.) The bromides are

most valuable hypnotics. Voisin, referring to his patients in the Bicêtre, says, "The hypnotic action upon them was very remarkable night and day. Some were obliged to sleep for a few minutes at a time in the midst of their work. None, in spite of whatever efforts they made to the contrary, could resist sleep directly after their evening meal." They have been found of especial use in obviating that sleeplessness and wandering at night not unfrequently occurring during convalescence from acute diseases.

As a soporific bromide of potassium is especially useful in the sleeplessness caused by worry or overwork, or that occurring at the climacteric, or from menstrual disturbances. The brief amount of sleep obtained by these patients is often harassed by nightmare, whilst the sleeplessness further depresses the nervous system and other functions, and the patients become still more depressed and irritable in temper. They are excessively nervous, and often easily yield to crying. In such a condition bromides at night, in twenty to twenty-four grain doses, are invaluable. They induce quiet, dreamless, refreshing sleep, even where they induce an equal amount of sleep. They are greatly preferable to other soporifics or narcotics, since they do not produce the ill-effects on the stomach, liver or intestines that opiates induce. Their good effects, too, are more marked than the effects of other narcotics, like chloral; so that in addition to their soporific action it is fair to conclude that bromides act beneficially in the conditions described.

There is a group of symptoms variously combined, occurring mostly in women, generally townspeople. The patient is very "nervous," subject often to great despondency, at times so unendurable as to make her, as she expresses it, feel as if she should go out of her mind. She is very irritable, is unable to fix her attention, and noises distress her. She sleeps badly, her rest being broken by harassing dreams. This condition often arises from overwork, grief, worry, or too long residence in town, or want of change.

The bromide of potassium will always cure this group of symptoms; and whether they occur independently or are associated with other illness, as the change of life, or migraine (sick headache, nervous sick headache, bilious headache), there is a distinct indication to give the bromide. In such a case a bromide acts by inducing sleep, and thus strengthening the nervous system.

The bromide has been often extolled for its efficacy in the symptoms pertaining to the "change of life" and in migraine, and though often very serviceable, yet it often fails. The distressing symptoms occurring during the change of life are very various, but generally occur in definite groups, though these may be more or less combined. The group of symptoms I have just described commonly occurs at the menopause, and yields almost always to the bromides. This group is often associated with heats and flushings, followed by free perspiration and prostration, sometimes extreme. These symptoms too will

also generally give way to the bromide. If, however, the heats, flushings, and perspirations predominate over the mental depression, nervousness, irritability and sleeplessness, then small doses of nitrite of amyl (see this drug) will generally prove more serviceable than bromide of potassium. Whilst removing the heats, flushings, and perspiration, the nitrite of amyl controls the other group of symptoms, quiets the nervous system, produces sound dreamless sleep, and relieves the nervousness and depression. At the change of life patients often complain of much fluttering at the heart, a symptom best controlled by large doses of the astringent preparations of iron (see Iron). Indeed, if a patient is anæmic, the bromide, or, indeed, any treatment, though efficacious for a time, fails in the long run. All the troubles of the menopause, except sleeplessness, are much benefited by valerianate of zinc, which may be given thrice daily after food, whilst taking the bromide at bedtime.

Occasionally the troubles just described yield but partially to the treatment here recommended; or, if removed for a time, they recur with greater intensity, and eventually become unendurable. Then the only resource is thorough change of air and scene, or travelling for three or six months.

In migraine, too (sick headache and its allies), bromide of potassium, though often of great service, in many cases altogether fails. In the article on croton chloral I have treated of migraine, and here I merely add that we often find the headache associated with the group of symptoms previously described, namely, nervous depression, sleeplessness, irritability, &c. Perhaps for years previously the patient has been troubled with attacks of migraine, at intervals of a month or so. On the occurrence of this group of symptoms the attacks of migraine become much more frequent and severe; indeed, the pain may become continuous, though at times, generally once a day, it may be paroxysmally worse. The irritability, sleeplessness, &c., are indications of a depressed nervous system, which accounts for the increased frequency of the migrainous attacks. With this condition of the nervous system, slight disturbances and causes of irritation bring on severe headaches; sometimes so easily induced that they occur daily. Bromide of potassium produces refreshing sleep, soothes the nervous system, dispels the other symptoms, and at the same time lessens the frequency and severity of the headaches. Again, derangement of the womb excites migrainous attacks either at a normal or menorrhagic period. Here again bromide of potassium is useful, and its efficacy, when the attacks are caused by menorrhagia, is not entirely due to its checking this condition, for, given between the periods, it may improve the migraine before the next attack of menorrhagia. Whilst speaking of uterine disturbance as an exciting cause of these headaches, I may mention that sometimes they are due to uterine mischief, generally of the neck of the uterus, and remain

rebellious to any treatment till the womb is cured either by injections or by other treatment.

Sometimes during an attack a full dose induces sleep, and after a few hours the patient awakens free from headache.

Sometimes in the later months of pregnancy a woman becomes at night the prey of the most frightful imaginings, labouring under the impression that she has committed, or is about to commit, some great crime or cruelty, as the murder of her children or husband. The bromide will dispel these delusions, and induce calm, refreshing sleep. Freidreich gives 15 to 30 grains daily for vomiting of pregnancy.

Bromide of potassium is of great service in the treatment of children subject to night-screaming, a symptom which appears to be allied to nightmare. Children from a few months to several years old may be attacked with this affection. Sometimes the attack occurs only once or twice a week, as is usually the case with older children; or it may be repeated several times each night. The screaming may last only a few seconds, or it may endure for several hours. While screaming, these children are generally quite unconscious of what is occurring around them, and cannot recognize, nor be comforted by, their friends. They are generally horribly frightened. A somewhat similar condition is met with in children a few years old, a state very similar to somnambulism, but sometimes apparently allied to epilepsy. The child gets out of bed while fast asleep, walks about the house, and performs, as if awake, various acts, quite unconsciously. This stage is not accompanied with any terror. With the screaming and fright squinting sometimes occurs, which after some time becomes permanent. In these cases bromide of potassium will prevent the screaming, and remove the squinting. This affection in children being connected very generally with deranged digestion, the condition of the stomach or intestines should be attended to; but even in spite of this derangement the bromide will give quiet and refreshing sleep.

The nightmare of adults will generally yield to the same medicine.

Bromide of potassium is often of conspicuous benefit in delirium tremens, removing the delusions, calming the delirium, and inducing sleep, and its efficacy is most apparent in the earlier stages, before the delirium becomes furious. Moreover, it is of great service in dispelling delusions which may remain after the partial subdual of the attack.

In delirium tremens bromides often succeed where opium fails.

Bromides will sometimes induce sleep in febrile diseases, but in such cases opium or chloral, or both combined, produce a far more certain and beneficial result.

To produce sleep twenty to thirty grains should be given at night, and should this prove insufficient, a like dose may be taken in the

morning. Likewise twenty to thirty grains, or even more, may be given in delirium tremens every two hours till the patient falls asleep.

The bromide is soothing in hysteria, gives patients greater self-control, and prevents hysterical paroxysms.

It is also used with decided benefit in certain derangements of the organs of generation. Large doses are said to lessen the natural menstrual discharge. In some forms of menorrhagia it is equal, if not superior, to any remedy we possess; but it is more useful in the flooding of young than of old women. It is very useful in the case of young women who menstruate too often as well as too copiously. It first regulates the time of the discharge and often lessens the amount. It is also very serviceable in the floodings or too frequent menstruation occurring at the change of life, and at the same time relieves many other of the troubles incidental to the menopause. Over that form of flooding due to uterine tumours of various kinds it exerts less control in many cases than ergot and some other remedies. To check profuse menstruation, its administration must be regulated by the circumstances of the case. If the loss of blood occurs only at the natural period, the medicine is then commenced about a week before; and when the menstrual flux has ceased the remedy should be discontinued till the next attack is about to begin. On the other hand, when the loss of blood occurs every two or three weeks, or oftener, the medicine must be given without intermission till the loss is controlled; and when the discharge has been brought to its right period and amount it is still desirable to give a few doses for a short time before each monthly period. Ten grains three times a day is a dose sufficient in the flooding of young women, but much larger doses are required in the more obstinate forms depending on organic changes in the womb. This remedy has been recommended by Dr. Begbie in puerperal mania and nymphomania. Dr. Clarke also says it reduces sexual excitement in those instances of hysterical excitement verging on nymphomania. Small doses are unavailing. Twenty grains, not less, thrice daily will exert a decided control over excessive sexual propensity.

It also restrains spermatorrhœa. Its employment should be supplemented by cold sponging of the scrotum and perinæum, and the suspension of the testicles in cold water for some minutes night and morning. Seminal emissions are generally excited by dreams, which may often be avoided by abstaining from suppers, and sleeping on a hard mattress. Dr. George Bird has pointed out that seminal emissions occur from undue indulgence in bed, the emissions taking place almost always early in the morning, during the second sleep. He recommends, therefore, that the patient should be roused after six or seven hours' sleep, and should never give into a second sleep. The observance of this simple means will often cure this otherwise

troublesome affection. Dr. Hardman, of Blackpool, tells me that he has cured some obstinate cases of spermatorrhœa by directing the patient to empty his bladder on waking from the first deep sleep.

Bromides are useful in sea-sickness. They should be given three times a day, and be begun some days before sailing.

It proves useful in allaying various forms of hyperæsthesia, and sometimes eases the severe pain of chronic arthritis.

Dr. Da Costa finds that bromide of potassium lessens, or even prevents, many of the disagreeable symptoms of opium, as giddiness, confusion of mind, fainting, headache, and sickness. It manifests this effect over morphia and codia, less than over laudanum. A large dose—20 grains—of bromide must be given half an hour before and two days after the laudanum. Even larger doses are necessary; he even gives 40 to 60 grains some hours before the administration of the opium. Da Costa says the bromide exerts most control over the faintness. He avers also that the bromide heightens the "anodyne or hypnotic effects of opium."

Bromides, like hydrobromic acid, prevent the deafness and buzzing caused by salicylate of soda or quinine; ten to fifteen grains must be added to each dose of either drug.

If the medicine is continued for a long time, as is sometimes required in the treatment of epilepsy, the physiological effects of the drug become apparent. "Diminished sensibility, followed by complete anæsthesia of the soft palate, uvula, and upper part of the pharynx, is the first symptom that the patient is getting under the influence of the drug. The sexual organs are amongst the first to be influenced, for there is soon produced failure of sexual vigour, and, after a time, marked diminution of the sexual appetite itself." (Bazire.)

These effects vary greatly; in some the bromide producing only moderate diminution, in others, temporary impairment. On discontinuing the remedy the sexual organs regain their lost power. Another frequent result of the prolonged administration of the bromide is an eruption, generally acneform, occurring most on the face and back, though it may affect even a larger surface. These spots do not generally suppurate, nor do they scar. Echeverria finds that five to ten minims of liquor arsenicalis, given with the bromide, will prevent the eruption, and the experience of the Epileptic Hospital confirms him; and I have seen cases where the rash has been quickly removed and subsequently prevented by arsenic. I have found that iodide of sulphur ointment, frequently applied, considerably lessens the quantity and the severity of these eruptions. The efficacy of the remedy bears no proportion to the amount of acne. The bromide sometimes excites, it is said, eczema, and spots like erythema nodosum. The acneform spots may become true boils, and these boils sometimes form large ulcers with conical scabs, looking like rupia. Dr. Weir

Mitchell narrates a case of this kind. He found that bromides of potassium, sodium, ammonium, and lithium produced these ulcers. He tried also bromides of calcium, magnesium, and bromine itself, but as these preparations failed to control the epileptic fits they were not given long enough to determine if they too would produce these rupoid ulcers. Professor Duhring, in addition to acneform pustules, enumerates brownish discoloration of the skin; simple papular eruption; confluent or molluscoid acne; maculo-papules, carbuncular acne, and bullæ and rupia as the occasional consequences of bromides. Undue administration of the bromides renders a patient low-spirited, easily fatigued, and unfitted for work, and greatly lessens the brain's functional activity, sometimes to a very marked extent. It produces this effect, as Brunton remarks, without disturbing the relation of one part of the brain to another. All these symptoms soon subside on the suspension of the medicine.

Acne, and the other evidences of bromism, rarely occur, unless more than one dose, however large, is taken daily.

M. Rabuteau says that bromide of potassium may be detected in the urine and saliva twenty days after the administration of a dose of fifteen grains. Dr. Amory could not find it more than forty-eight or fifty-two hours after a single dose, but after the drug had been taken several days, and then discontinued, he could find evidences of it after a longer time. Elimination by the urine is less rapid than absorption by the stomach. Traces appear in the urine in ten minutes. Elimination is most active during the first eight or ten hours, and in less than twenty-four hours the greater part disappears. It can be detected in the milk and sweat.

Bromide of potassium is conveniently administered in beer or milk.

A THEORY CONCERNING THE "TOPICAL" ACTION OF ACIDS AND ALKALIES ON SECRETION.

Previous to treating of acids and alkalies in detail, I wish to note their action on some of the secretions of the body, and to draw attention to a theory which I think explains their action in this respect; moreover, this theory serves as a useful guide to the correct employment of acids and alkalies in disease.

Acids are powerful stimulants of salivary secretion: the impression from the acid is conducted to the spinal cord, and is thence reflected through the cerebro-spinal nerves supplying the salivary glands; for if these are divided acids cease to augment the salivary secretion.

Repeated and careful experiments have established the fact that

dilute acids taken into the stomach check its secretion; alkalies, on the other hand, powerfully excite the secretion of the gastric juice.

Acids, then, check acid, but increase alkaline secretions; whilst dilute alkalies stimulate acid secretions.

From these facts the more general law is inferred, that acids, applied topically, check the production of acid secretions from glands, while they increase the flow of alkaline secretions; the very reverse being the case with alkalies, for alkalies applied to the orifices of glands with acid secretions increase their secreting power; while alkalies applied in a corresponding way to glands with alkaline secretions lessen or check this secretion.

In support of this generalization I have ventured to propose, I will now adduce some practical instances of the efficient therapeutic employment of acids or alkalies.

Acids are useful to allay thirst, by promoting, through their topical action on the mucous membrane, the secretion of the alkaline saliva.

Acids given shortly before a meal generally check acidity.

Alkalies given shortly before a meal increase the secretion of the acid gastric juice, and so promote digestion.

A weak alkaline lotion is often useful in the weeping stage of eczema, by checking the alkaline watery exudation.

A weak alkaline injection is efficacious in that form of leucorrhœa depending on a too abundant secretion from the glands of the os uteri, the secretion in that part being alkaline.

Some of these instances will be referred to in greater detail in their fitting places in this volume.

SULPHURIC, HYDROCHLORIC, NITRIC, PHOSPHORIC, AND ACETIC ACID.

The members of this group are powerful acids, and accordingly have a strong affinity for alkalies and bases. Some, as sulphuric acid and phosphoric acid, absorb water with avidity. All possess high diffusion-power, and so pass readily through animal membranes and textures. These are the properties which explain most of their actions on the living body.

These acids, when concentrated, produce decided changes in the skin by their affinity for the bases and water of the tissues, as well as in a minor degree for the organic substances themselves. Their great diffusion-power enables them to penetrate readily and deeply beneath the surface, with a continuous destructive action, till they are diluted with water or neutralized by the bases of the animal structures. From their great affinity for water, sulphuric acid and phosphoric

acid are especially energetic; they withdraw this element from the textures, and thus effect their complete destruction. In adequate quantity they will destroy the tissues to a considerable depth, and produce a brown or black eschar.

The remaining members of this group, owing to their feeble affinity for water, destroy the tissues less extensively, and their action is much more superficial.

Sulphuric acid and phosphoric acid are never used undiluted, on account of their physical action on the tissues. On the other hand, nitric acid is frequently employed to destroy and remove the surface of foul and unhealthy sloughs and ulcers, and in virtue of a property of which we shall shortly speak, it changes an unhealthy and indolent sore into one more healthy and prone to heal. It is frequently employed in cases of soft chancre, indolent and broken bubo, cancrum labialis, &c.

Nitric, hydrochloric, and especially acetic acid, may produce some vesication. Nitric acid colours the skin characteristically yellow.

No treatment is easier nor more speedy or certain of its action than the application of strong acetic acid to ringworm of any part of the body except the scalp. Nitric acid induces a healthier action in indolent ulcers, or arrests the spreading of sloughing sores.

Acetic acid, and somewhat diluted nitric acid, are frequently applied to warts, which are destroyed by withdrawing the bases, and by dissolving the tissues of the warts themselves. But although any of these acids are effectual, and in many cases completely remove the warty growths, yet sometimes a fresh and abundant crop springs up in the neighbourhood of those undergoing treatment. Dr. George Bird finds the glacial acetic acid very effectual in removing warty growths. Small syphilitic warts and condylomata, kept constantly moist with a wash of diluted nitric acid—a drachm or two of the dilute acid, to a pint of water, is sufficient—are thus surely and painlessly dispersed.

The members of this group are more generally employed externally, mixed with water. Although diluted, they still excite a beneficial irritation, and may be used as lotions in urticaria, controlling the very troublesome itching, even preventing the formation of wheals and in some cases appearing to be mainly instrumental in curing this disease.

Acids, especially nitric acid and hydrochloric acid, are less employed as baths than formerly, yet, beyond doubt, they exert a very powerful influence on the skin. A general bath, with two to eight ounces of the strong nitric or hydrochloric acid, is a very active exciter of a torpid skin. Whether these baths have any effect on the other organs of the body is at present quite unknown, no experiment having been made to settle this question. It is highly probable, however, that in common with other materials dissolved in baths, these acids remain

unabsorbed by the skin, and that any change in the deep parts of the body resulting from medicated baths must be ascribed to the direct action of the dissolved materials on the skin itself. Sponging the surface of the body with water weakly acidulated with acids will, in some cases, effectually control profuse sweating.

They, however, act as stimulants to the skin when stripped of its cuticle; thus nitric acid is frequently used with much benefit as a lotion in the treatment of indolent and painful ulcers.

Applied to the softer tissues, the dermis, mucous membranes, &c., acids act as astringents, causing a direct condensation of the tissues, probably by removing part of the base by combination with which the albuminous substances were held in the soluble form.

By virtue of their astringency they check profuse secretions from unhealthy sores. Nitric acid is most preferred in such cases. Nitric acid is generally used as a test for albumen in solution; it precipitates the albumen by abstracting the base combined with it, and in setting the albumen free, converts it into an insoluble substance.

When diluted, these acids very effectually check bleeding from the smaller vessels and capillaries by constringing the tissues, exciting the muscular coat of the arteries to contract, and by coagulating the blood in the ends of the wounded vessels, and so plugging them. Vinegar, always at hand, will check bleeding from leech-bites, piles, cuts, &c. The vinegar should be diluted.

These acids produce the same effect on the mucous membrane of the mouth as on the skin, and for the most part are used for the same purposes. Strong nitric acid is often applied to foul and sloughing ulcers of the mucous membrane, to change their character and to check their progress.

Acids are, in part, neutralized by the alkaline secretion from the salivary glands, while any acid remaining free precipitates the mucous coating of the mucous membrane, and if in sufficient quantity, attacks the mucous membrane itself. They act beneficially as astringents, when the lining membrane of the mouth is relaxed or ulcerated, as in ulcerated stomatitis, salivation, &c.; but other astringents are preferable. These acids being apt to dissolve the earthy constituents of the teeth should be taken through a quill, a glass tube, or reed.

Nitric acid exerts a further action on the mucous membrane of the mouth, and may be given in small medicinal doses with conspicuous benefit, when this membrane is inflamed or diseased in various ways, as in ulcerated stomatitis, aphthæ, salivation from mercury, or when reddened, inflamed, and glazed, a condition not unfrequently met with in great irritation of the digestive organs.

These with other acids, as citric, tartaric, &c., quell the thirst of fever patients much more effectually than simple water, especially if the drink is made rather bitter with some agreeable-tasting substance,

as orange-peel or cascarilla. Much of the troublesome thirst of fevers is solely due to dryness of the mouth and throat. This disagreeable local sensation of thirst is very liable to lead fever patients to drink more water than is really good for them, producing loss of appetite, indigestion, and even diarrhœa and flatulence. (*Vide* Water.)

The action of acids in lessening thirst has already been explained in the chapters on the topical action of acids and alkalies on the secretions. As we have seen, acids probably increase alkaline secretions, and thus the acid drinks used by fever patients promote an increased secretion in the salivary glands. Bitters, as we shall presently see, possess the same power; hence, acids and bitter drinks acting on the salivary glands keep the mouth and throat comfortably moist and quench the thirst. By lessening the harassing thirst, they comfort the patient, quell irritability of temper, favour sleep, quiet the pulse, and diminish the heat of the body. Organic acids are largely employed as fever medicines.

Acids are applied to the throat for the same purpose as to the mouth. Undiluted nitric acid acts beneficially as a topical application on the foul sloughs or ulcers occurring in the course of scarlet fever or other diseases.

Bretonneau warmly recommends the application of strong hydrochloric acid to the throat in diphtheria. The acid may be used undiluted, or it may be mixed with an equal part of honey, which gives the mixture consistence, and makes it cling about the parts on which it is painted. It should be applied only to those spots of the mucous membrane attacked by the diphtheritic inflammation, and not to the neighbouring healthy tissues, where it would produce active inflammation. The diphtheritic membrane being very prone to implant itself on inflamed surfaces, the application of the acid to the sound tissues, by exciting inflammation, might favour the spread of the disease.

Lactic acid was at one time largely used as a topical application to dissolve diphtheritic false membrane. It may be employed as spray in the strength of ʒfs. ʒj to ʒj, of water, or it may be mopped on the diseased parts. It should be used every hour, or even oftener.

Nitric acid, in small medicinal doses, may be given with benefit, when the throat presents the same appearances as those of the mouth previously described.

The albuminous constituents of food are digested and rendered soluble mainly by the agency of acids, but all acids are not equally efficient. Hydrochloric acid outstrips all others in this respect, while sulphuric acid hinders rather than promotes digestion by precipitating the albumens in an insoluble form. The action of acids on nitrogenous substances is intensified by the addition of pepsin.

In scanty secretion of gastric juice dilute hydrochloric acid may be

employed to assist digestion. The considerations developed in the section on the topical action of acids and alkalies on the secretions render it obvious that the time of administration, in respect to meals, is all-important. If given before a meal, acids check the secretion of the acid gastric juice, and so hinder, instead of aiding, digestion. Where the secretion is scanty, the acid must be given after the meal, when the secretion from the membrane of the stomach is completed; the additional acid will assist the action of that secreted naturally, but too scantily. In many cases of atonic dyspepsia alkalies are preferable to acids, but they must, of course, be given a short time before a meal, because then they stimulate an abundant secretion of the gastric juice. In most cases of atonic dyspepsia alkalies given with the precautions noted are superior to acids given after a meal, although, as is well known, certain cases occur where acids answer better than alkalies. In such cases the mucous membrane is presumably considerably damaged by excesses in eating or drinking, and owing to degeneration of the glands of the stomach no stimulant could excite a sufficient flow of gastric juice.

Acids, as we have seen, will check or lessen the secretion of gastric juice. In many stomach diseases, or from its sympathy with distant organs, the follicles pour into the stomach an excess of acid, which undue secretion may be checked by the administration of acids shortly before food. But acidity of the stomach is often due to excessive or irregular fermentation, leading to the production of a large quantity of various acids, as acetic, bytyric, and lactic; and this excessive or irregular fermentation of acids is itself checked by acids; and as undue secretion of the gastric juice, or excessive formation of acids by fermentation, are the two causes of acidity, we have in acids themselves remedies able to control and check the acidity of the stomach, and relieve the consequent distressing symptoms, whether due to pregnancy,* uterine disease, calculus of the kidneys, the various indigestions, or more serious diseases of the stomach.

Practical men, indeed, know well that the administration of an acid will remove acid eructations, heartburn, and the sense of discomfort at the chest and epigastrium, arising from excess of acid in the stomach. Hydrochloric, lactic, or nitric acid is generally preferred, and small medicinal doses, separately or combined, are ordinarily sufficient, provided the prescribed conditions are obeyed.

Patients are sometimes greatly annoyed by eructations of an offensive gas, with the odour and flavour of rotten eggs—a gas evidently consisting largely of sulphuretted hydrogen. The late Dr. Day, of St. Andrew's, noticed that in such cases the urine is loaded with

* Two or three drops of tincture of nux vomica taken a few minutes before meals will often obviate the acidity of pregnancy. Sometimes ipecacuanha will control it.

oxalic acid, and in their treatment he strongly recommended the employment of mineral acids. Dyspeptics with oxalic acid in the urine, who suffer from great mental depression, but who are free from sulphuretted hydrogen eructations, find much benefit from nitric acid treatment.

In the treatment of dyspepsias a clue to the administration of acids on the one hand, or of alkalies on the other, may sometimes be obtained by testing the reaction of the fluids rejected from the stomach. Not unfrequently, soon after a meal, a fluid regurgitates almost unconsciously into the mouth, sometimes so strongly acid that it sets the patient's teeth on edge. The exhibition of nitric or hydrochloric acid shortly before each meal almost immediately removes this acid pyrosis. Sometimes the fluid of pyrosis has an alkaline reaction, often accompanied with much distress, with nausea, and vomiting of the just-eaten food, and the rejected contents of the stomach generally show a strong alkaline reaction. Here an acid immediately after a meal relieves the nausea, the vomiting, and all distressing symptoms. On theoretical grounds, we should expect that an alkali, administered shortly before food, would yield even more satisfactory results, but in such cases I have had no experience of alkalies.

It need hardly be repeated that acids given soon after a meal to patients troubled with acidity and heartburn greatly aggravate the suffering. It is adding fuel to the fire. If continued too long these remedies may not only check undue acidity of the stomach, but even exceed this office, and by lessening the secretion of gastric juice to an undue extent, actually induce the very opposite condition to that for which, in the first instance, they were employed. Those who have watched the action of acids on the stomach well know that if too long continued the improvement first noticed ceases by degrees, then fresh symptoms arise, which, strangely enough, are relieved by the very opposite treatment which had previously benefited.

Too long a course of acids excites catarrhal inflammation of the mucous coat of the stomach and intestines, often accompanied by diarrhœa, and even by general wasting. This damaging action of acids explains the occasional thinning effects of vinegar, when taken for a long time, by fat people. Vinegar is sometimes taken surreptitiously in wineglassfuls several times a day to reduce obesity. This foolish practice, which cannot be too strongly condemned, may thin the patient, but it does so at the expense of serious injury to the body. Obesity can be reduced by harmless means.

These acids are inoperative to check the growth of sarcinæ in the stomach; and they often fail even to check the acidity accompanying these growths.

It is a common practice with drunken soldiers to drink a wineglassful of vinegar in a tumbler of water, to cut short intoxication; but

whether it does sober a drunkard is not certain, but it seems to steady a tipsy soldier and to enable him to pass muster on presenting himself at barracks.

By virtue of their astringent action, and their power of coagulating the blood, acids are useful in bleeding from the stomach. Sulphuric acid is generally preferred to the other members of this group. But many other astringents are surer.

Owing to their high diffusion-power, these acids pass readily from the stomach into the blood. The acids which pass into the intestines must, to a great extent, become neutralized by the alkalies of the bile and pancreatic juice, and therefore, as acids, can, by direct contact, affect to a very small extent the middle and lower part of the intestinal tract. But as they become neutralized, some of the biliary and weaker acids are set free, heightening in some degree the acidity of the contents of the intestines.

Dilute acids are used as antidotes in poisoning by alkalies. It has been shown experimentally that acids applied to the mucous membrane of the duodenum cause an increased flow of bile, attributed to the consequent contraction of the gall bladder and bile ducts. I suggest that part at least of this augmented flow is due to increased secretion brought about in accordance with the alkali acid (V. Section 7) theory I have propounded, the acid contents of the duodenum stimulating the secretion of the alkaline bile, and the still more alkaline pancreatic juice.

It has long been held that nitric acid acts in some way beneficially on long-standing diseases of the liver, as in chronic congestion and cirrhosis, and that it will augment the flow of bile after the liver has struck work from the excessive use of mercury.

From his experiments on fasting dogs Rutherford concludes that nitro-hydrochloric acid is an hepatic stimulant, thus confirming the conclusions founded on clinical experience.

There can be no doubt that sulphuric acid is highly useful in checking summer and choleraic diarrhœa, although, as it is generally administered with opium and warm carminatives, it is difficult to distribute to each remedy its exact share of merit. Its mode of action is less obvious than its efficacy. It may control the formation of acid in the intestines, or it may act as an astringent, and so check diarrhœa. If, then, it acts as an astringent, as the acid is soon neutralized and converted into a sulphate in the upper part of the small intestines, losing its astringency at once, its influence on the lower and middle part of the small intestine must be exerted through nervous sympathy between one part of this canal and another. Sulphuric acid is considered to act often capriciously, giving rise to much uncertainty in its administration; but the lack of uniformity in its results can be accounted for, in many instances, by the dose; a small medicinal dose often benefits, whilst a full one,

by increasing the acidity of the canal, may even aggravate the diarrhœa. Dr. Neligan, and other authorities, recommend it in chronic diarrhœa, and to control the "profuse sweating and colliquative diarrhœa of hectic."

In small medicinal doses nitric acid is of great use in many diarrhœas; it often acts admirably in the straining diarrhœa of children; when the motions are green, curdled, and mixed with mucus, other remedies are to be preferred to acids. Nitric acid may sometimes be used with great benefit, especially when given with pepsin, in that chronic diarrhœa of children when the pale and pasty motions smell sour and disagreeable.

Strong nitric acid is an efficient remedy for internal piles, two or at most three applications to the enlarged and dilated vessel being sufficient; it should not be applied to the whole surface, but only to one or two points. It is useful, too, in granular or ulcerated piles. It produces little or no pain. A superficial slough follows, and after the separation of the slough the contraction of the sore diminishes the size of the pile. A drachm or half a drachm of the dilute nitric acid to half a pint of water is an excellent lotion for bleeding piles, staying the hæmorrhage, constringing the swollen and inflamed tumour, and easing the heavy, tensive, wearying pain. Acids are reputed to heighten the action of purgative medicines, and for this purpose sulphuric acid is sometimes employed. Sulphuric acid increases the purgative effect of extract of aloes. Acids are usually added to purgative salts, as Epsom salt, when a tonic and bracing action on the mucous membrane is desired, as in many cases of anæmia of young women.

If not already neutralized on their passage into the blood, these acids must at once become so, and it would appear that henceforth their history must follow that of the salts they form. Yet the received notion of the action of these acids on the organs of the body is so different from that of any of their salts that the behaviour of the acids must be spoken of separately.

On combining with the alkalies of the blood, the acids must set free some weaker acids, and so to a slight extent lessen the alkalinity of that fluid, as is evidenced by the increased acid reaction of the urine following the use of mineral acids. What further effects they may have on the blood is at present quite unknown. They are reputed to be tonic and bracing, but the improvement in the general health may more safely be attributed to their action on the intestinal canal. Still, they do produce certain changes in the fluids and solids of the body, since in the absence of lime-juice or fresh vegetables, acids, especially vinegar, act as preventives of scurvy.

The functions of the body are supported only with alkaline or neutral blood. Slight acidity is at once destructive of all function.

This is well seen in experiments with the detached frog's heart. When supplied with blood, or with saline solution and a physiological quantity of potash and lime salts, if a small quantity of acid is added, enough to cause the faintest reaction, the heart soon ceases to beat spontaneously, and in a little while all contractility is lost, the ventricle refusing to contract when stimulated by a strong faradaic shock. I find that a ventricle will beat for hours when fed by a neutral solution, composed of saline solution containing one ten-thousandth part of potassium chloride and a minute dose of calcium chloride. It is obvious, then, that alkali in the blood is not necessary for function. But with every performance of function acid is formed, certainly in the muscles, and soon the neutral fluid would become acid, when function would be destroyed. The alkali of the blood neutralizes the acid and prevents its depressing effect on the tissues.

Hydrochloric acid is frequently given in fevers, especially of a typhoid character, and phosphoric acid in cases of nervous weakness.

Dr. Rees recommends large doses of lime-juice, to the extent of eight ounces daily, in acute rheumatism. Dr. Inman speaks highly of this treatment, and observes that neither tartaric nor citric acids nor lemon-juice can be substituted for lime-juice.

Nitric acid is recommended in secondary syphilis. It has been said sometimes to induce salivation; if so, this may have been due to the direct action of the acid on the mucous membrane by increasing the alkaline secretion of the salivary glands.

Acids seem sometimes to abate the rapidity of the pulse in fevers, a result not due probably to the direct action of the acid on the heart or nervous centres, but more likely to the relief arising from diminished thirst. Sulphuric acid, especially in conjunction with sulphate of zinc, checks the profuse sweating of phthisis and other exhausting diseases. Dr. Graves ascribed a similar action to vinegar, and often used this favourite receipt: Distilled vinegar ℥ij, Laurel water ʒij, Syrup ʒvj, Aqua ℥v. An ounce or two ounces to be taken every third or fourth hour. Sulphuric acid is supposed to check bleeding from the lungs or womb. It is difficult, indeed, to understand how an ordinary dose of sulphuric acid can exercise such an influence after becoming so greatly diluted by admixture with the blood, and the difficulty is enhanced by the consideration that these acids, either before or immediately after their entrance into the circulation, are converted into salts, as sulphates, nitrates, and phosphates. Whatever influence, therefore, is exerted on distant organs must be effected through these combinations; yet we cannot ascribe to any salts of these acids properties similar to those ascribed to the acids themselves.

In such questions experience is a safer guide than speculation. The subtle influence of even small doses on distant organs of the

body is well exemplified by the effect of these medicines on the mother's milk; for acids taken for some time induce in the child sickness, diarrhœa, and colicky pains.

Many recommend acids in chronic bronchitis, and find that they lessen secretion. Röhrig, in his experiments on animals, found that acids lessened the secretion from the tracheal mucous membrane.

Phosphoric and lactic acids are employed in diabetes. Griesinger, who has carefully studied the action of phosphoric acid, considers that it does more harm than good. He employed the acid to the extent of an ounce daily, and found that this dose increased the sugar. Since the members of this group augment the acidity of the urine, it has been proposed to dissolve phosphacic calculi by artificially acidifying the urine, but since these acids but slightly augment the acidity of urine they must be taken for a prolonged period before they could materially diminish the bulk of a stone; moreover, there remains the insuperable objection that this method of treating calculi would seriously damage the mucous membrane of the stomach and intestines.

Sucking the juice of one or two lemons is a domestic remedy for excessive menstrual flow.

The injection of nitric acid, sufficiently diluted, has been employed with success by some eminent surgeons, and is a far more effectual treatment for phosphatic calculi. The experiments of Sir W. Roberts on the solvent power of dilute solutions of this acid on calculi, after their removal from the body, lead him to the conviction that this treatment is worthy of much wider application than it at present receives; moreover, by neutralizing the urine if alkaline, and preventing its decomposition, nitric acid injections protect the mucous membrane of the bladder from the irritation of the alkaline urine.

The further influence of sulphuric, nitric, and hydrochloric acids on the urine is unknown. Of the influence of acetic and phosphoric acids we shall speak in another place.

It should be remembered that phosphoric acid may possess many other properties than those already specified, but these will be referred to in speaking of the phosphates, for it is in this form that phosphoric acid exists in the blood, and manifests many of its beneficial effects on the diseased body.

SULPHUROUS ACID, SULPHITES, HYPOSULPHITES.

Sulphurous acid is generally considered a potent poison to the lower forms of life, and is commonly used as a deodorizer and disinfectant. It is a deodorizer by virtue of its power to arrest putrefaction; hence it may be used to prevent bad smells, but it possesses little or no power to decompose offensive gases, and therefore it is of little service in destroying foul odours. It arrests fermentation by destroying the minute organisms which determine this process. It is supposed to disinfect by destroying the micro-organisms that propagate contagious diseases. Roch's experiments, however, satisfy him that sulphurous acid, gaseous or in watery solution, is not a disinfectant and does not destroy bacterial life.

It must be born in mind that sulphurous acid corrodes metals, so that, when used as a disinfectant, these should be protected by a covering of some greasy substance. In fumigating a room, sufficient sulphur, about an ounce to each hundred cubic feet of space, should be burned to render the air unfit for respiration, and the escape of the gas by the chimney, windows, and crevices of the doors, should be prevented. It is better to repeat this process three or four times at intervals of twenty-four hours. To disinfect a bed, Mr. Startin recommends that a warming-pan containing live coals sprinkled with sulphur should be put between the clothes, till the sulphur is consumed. A damp napkin held before the mouth will prevent sulphurous acid from irritating the lungs. It is far better, however, to submit the bedding, &c., which cannot be boiled, for some hours to a temperature between 250° and 300° in a disinfecting chamber or oven.

Baxter finds that sulphurous acid is more destructive of the vaccine virus than either chlorine or carbolic acid.

The quickest way of curing itch is to immerse the patient, leaving his head free, in a gaseous bath of sulphurous acid, made by burning 12 drachms of sulphur in a suitable apparatus. Whilst in the bath, the patient's clothes should be baked, so that in half an hour he is cured from his itch, and is made free from risk of re-infection.

The acid will cure chloasma, by destroying the parasite on which the disease depends. The acid of the Pharmacopœia, mixed with an equal quantity of glycerine, may be used. Warm baths should also be employed to remove the cuticle infested by the parasite. It is useful also in favus, and in tinea tonsurans; but when these affections are unusually obstinate its action should be assisted by epilation.

Dr. Dewar, of Kirkaldy, has drawn attention to the beneficial action of sulphurous acid in various diseases, and many of his statements have been confirmed by subsequent observers.

Dr. Dewar applies the sulphurous acid in three ways,—as a solu-

tion, by fumigation, and by the spray-producer. A solution of the acid or fumigation with it, he says, will speedily cure chilblains and chapped hands. Equal parts of the acid of the Pharmacopœia, and of water or glycerine, will, he states, at once ease the burning, and prevent the spread of erysipelas. Wounds and sore nipples he treats with the solution, constantly applied, either neat or diluted. The same treatment, he says, will prevent or quickly dissipate the effects of bruises.

According to the same authority, many internal diseases are equally amenable to sulphurous acid; amongst others, cold in the head, influenza, tonsillitis, malignant sore-throat (scarlatinal or otherwise), laryngitis, chronic bronchitis, chronic phthisis, asthma, croup, clergyman's hoarseness, and typhoid fever.

The acid may be applied to the throat by fumigation, or by inhalation: a few drops should be added to boiling water, and the steam inhaled; or the acid may be applied by a camel-hair brush, or by the spray-producer.

It may be carried into the lungs by fumigation, inhalation, or by spray. If properly and carefully employed, the Pharmacopœia acid excites scarcely any irritation or annoyance. The application of sulphurous acid may be conducted in the following ways:—

"Put a few red cinders into a kitchen shovel, set this upon a wooden stool, and then sprinkle flowers of sulphur from time to time till the room is not inconveniently filled with smoke."

The spray may be applied by a vaporizer now in common use, furnished with vulcanite tubes constructed upon Dr. Dewar's plan. For a child the instrument should be held about three feet from the mouth, and the fine spray should be inhaled and the process repeated according to circumstances. In an acute attack of diphtheria, with no time to lose, it may be repeated hourly, or even oftener. Sulphurous acid may also be used as a gargle or wash.

In applying the spray to adults Dr. Dewar directs the operator "to hold the nozzle of the instrument about six inches from the patient's mouth, and administer three or four whiffs to begin with; then, after a corresponding interval, during which a cough or two is given, the process is repeated, about twenty squeezes, in all, which represents the injection of from forty to sixty minims of acid. The acid should be pure."

For the relief of rheumatism and gout, besides the fumigation, Dr. Dewar advises that the bed-clothes should be exposed to the strong fumes, and then spread over the patient, who after sweating and sleeping wakes much relieved.

The solution, either strong or diluted in various proportions, speedily removes thrush. Dr. Lawson speaks highly of sulphurous acid as a remedy for pyrosis; indeed, he says it never fails to be of service, and in my experience it seldom fails. Ten to fifteen minims

should be taken ten minutes before each meal. The sulphite he finds useless.

Sulphurous acid, in doses of five to ten minims often prevents flatulence produced by fermentation, and is especially useful when the gas is abundant. It is more efficient than sulphites and hyposulphites. Sulphurous acid is useful as a wash or gragle in diphtheria.

Sulphites, administered by the mouth, will, it is said, prevent decomposition and putrefaction of urine in the bladder.

Sulphites and hyposulphites have been employed to destroy sarcinæ and torulæ in the stomach.

It is said that hyposulphite of soda, in fifteen to twenty grain doses every two hours, will cure intermittent fever, but more careful observers do not corroborate this statement.

It was at one time said to be useful in the acute specific fevers.

CHROMIC ACID.

Chromic acid coagulates albumen, powerfully oxidizes organic matter, destroys low organisms, and decomposes ammonia and sulphuretted hydrogen, and so acts as a disinfectant and deodorizer.

Chromic acid was first used as an escharotic by Mr .John Marshall, who employed it to remove warty growths from the nose, genital organs, or elsewhere. Immediately after touching the parts with chromic acid Mr. Marshall applies lead lotion, "which restrains the subsequent inflammation, relieves the subsequent soreness, and does not in any way neutralize or retard the rapid effects of this apparently useful escharotic." He uses a solution containing a hundred grains of crystallized chromic acid to an ounce of water. "The solution is best applied by the aid of a pointed glass rod, or when a large quantity is needed, by means of a small glass tube, drawn to a point. Only so much should be applied as will saturate the diseased growth, avoiding the surrounding healthy mucous membrane, for, though the solution is not sufficiently powerful as an escharotic to destroy or even vesicate the mucous membrane, it may give rise to an unnecessary amount of inflammation." "Any superfluous acid may be removed by a piece of wet lint. The first effect of its application to the warts is to produce a slight smarting pain. If, however, any ulcerated surface be touched, the pain is of a burning character, more lasting, but not so acute and intolerable as that caused by nitrate of silver, or by nitric acid, with or without arsenious acid. Under its influence, the morbid growths rapidly waste, in some cases being thrown off altogether, and in others undergoing a partial, though evident, diminution in size.

The best immediate dressing is dry lint, afterwards the part may be washed with lead lotion, and dressed with lint moistened in the same." "In most cases one application suffices, the cure being completed in from four to eight days. In severe cases, where the warts are large, repeated applications are necessary." Mr. Marshall further states that "chromic acid solution neither burns nor stains linen; it all washes out."

BORIC OR BORACIC ACID.

This substance is largely used as an antiseptic dressing for wounds, and is employed as a lotion or ointment. The lotion is composed of one part of boracic acid in twenty of hot water. It is not, however, destructive to all low organic growths. The ointment is now largely used for burns, eczema, &c. The lotion is often useful in pruritus pudendi, eczema of the vulva, some forms of leucorrhœa, and vaginitis. Ayon finds that it has very little physiological action. A pint of saturated solution of boracic acid used daily to flush the nose is very useful in chronic ozœna. The saturated solution is also useful to wash out abscesses, empyæmas, &c. It is less irritating than many substances used for the purpose. Mixed with starch it is highly spoken of as a dusting-powder for infants.

The late Dr. Simpson, of Highgate, told me that boracic acid dissolved in glycerine is a very useful local application in diphtheria. In a letter to me he says:—"During the last epidemic of diphtheria I have used boracic acid dissolved in glycerine (in a water bath) of the strength of 1 in 30, applied by means of a brush to the throat, every two hours day and night, until all traces of membrane had disappeared. The patches took on a white colour, with no offensive odour emanating, and in the course probably of forty-eight hours, and often much earlier, no trace of membrane was visible. Dr. Cossar Ewart and I found by experiment that bacteria present in the membrane so treated could not be propagated. Children do not dislike the taste. I find boracic acid, of strength of 1 in 50, of service also in stomatitis."

An ointment composed of three parts of acid, five of paraffin, and ten of vaseline, makes a good ointment for eczema and burns.

Boracic acid n solution or mixed with honey or glycerine (1 in 4 or 5) is useful in simple and ulcerative stomatitis and in thrush.

Boro glyceride, discovered by Barff, is powerfully antiseptic, and is recommended to preserve meat and vegetables. Barff shows that it will preserve meat for months without impairing its quality. It is useful as an injection in ozœna, vaginitis, and urethritis.

Group embracing CAUSTIC POTASH, SOLUTION OF POTASH, CARBONATE AND BICARBONATE OF POTASH, ACETATE OF POTASH, CITRATE OF POTASH, and the corresponding preparations of SODA, POTASH SOAP, SODA SOAP, BORAX.

The members of this group are all endowed with very high diffusion-power, the potash in a greater degree than the soda-salts. All are very freely soluble in water. With the exception of the acetates and citrates of potash or soda, they have an alkaline reaction, weak in some, as the biborate of soda, but very marked in others, as caustic potash or soda.

They dissolve the nitrogenous constituents of the animal textures; and their solvent power is in proportion to, yet distinct from, their affinity for water.

Owing to their affinity for water, and their solvent action on the nitrogenous tissues, several of these substances, by abstracting the constituent water, will destroy the skin or other structures to a considerable depth. The caustic alkalies possess a greater affinity for water, and therefore a more solvent and destructive action on the tissues than the remaining members of this group. The carbonates and solutions of the caustic alkalies come next; while the bicarbonates, acetates, and the rest of this group, are comparatively feeble agents.

The caustic alkalies, undiluted, or sometimes mixed with caustic lime to lessen their activity, are occasionally employed to destroy warty growths or the hard edges of some unhealing sores, such as chancres, or to open abscesses, or to make issues.

It must be borne in mind that, in common with the rest of this group, the caustic alkalies, possessing a very high diffusion-power, will penetrate the tissues and destroy them widely and deeply; unless great care is taken, the undue diffusion of the alkali will destroy a far larger amount of structure than is intended, producing a large slough, and leaving, of course, a correspondingly large sore. The application of the alkali should always be checked before it has taken full effect, since the destructive effect will continue for some hours; other precautions should likewise be observed, or the caustic alkali dissolved in the fluids of the tissues will run over a large surface, subsequently destroying it. In making an issue, pieces of plaster, with a hole in them of the required size, should be placed one over the other, and the caustic applied to the skin exposed through the hole, while the neighbouring parts are effectually protected. As soon as the application is finished, it is desirable to wash the surface with vinegar and water, to neutralize any remaining alkali. The caustic, very slightly moistened, should be rubbed on the surface till it

assumes a dull bluish look, and till the cuticle is softened and easily rubs off, when the application of a poultice will help the separation of the dead parts, and ease the pain.

A solution of a member of this group sponged over the peccant part will often allay the troublesome itching accompanying many skin diseases. A weak solution of the caustic salt, or of its carbonate is best. A solution of carbonate of potash or soda, containg a drachm of the salt to a pint of water, applied with a small piece of sponge, is often of extreme comfort in urticaria or lichen. A solution of the same strength, of cyanide of potassium, which has also a strong alkaline reaction, is, perhaps, a still more effective application.

The itching of many other eruptions, as of scabies, eczema, pruritus ani, and pruritus vulvæ, and prurigo from lice, yield more readily to other applications, which are indicated elsewhere.

The carbonates of the alkalies are employed in the treatment of itch, either in soap, or in the form of ointment, to remove the superficial and dead cuticle, and so to break up the burrows of the itch insect.

By virtue of the alkali it contains, soap facilitates the removal of the scales of psoriasis.

In the treatment of eczema a weak solution of carbonate of potash or of soda finds much favour. I have no doubt of its usefulness in the early and middle stages of the disease, when the red and raw surface weeps copiously ; but when the weeping has ceased, and especially when mere desquamation remains, the alkali fails to be of use, and other applications are preferable. Dr. Hughes Bennett recommends a solution containing half a drachm of carbonate of soda to a pint of water, and the affected surface to be kept constantly moist by a thin piece of lint, soaked in the solution and covered with oilskin, or with a piece of lint spread with simple ointment. A weaker solution acts sometimes still better. Like the oilskin, the ointment prevents evaporation, and is less "heating," and is more comfortable to the patient. This treatment is an instance of the general proposition (*vide* section on the topical action of alkalies and acids on the secretions) that alkalies as local applications check an alkaline secretion ; for the fluid which oozes so abundantly from eczematous surfaces is strongly alkaline, and an alkaline application very speedily checks the abundant weeping.

It must be admitted, however, in some instances, that an alkali appears to irritate the skin, a result often due to an over-strong solution. During this treatment attention must be paid to the state of the digestive organs, and any irritation produced by teething or worms should be attended to.

It is sometimes useful to wash the moist and weeping eczematous surface night and morning with soap and water, which in many cases shecks the secretion, and allays the heat and irritation. If a strong soap is too irritating, a milder one must be used. In chronic forms

of eczema, Hebra recommends the application of liquor potassæ, or of the stronger solution of caustic potash. He advises that liquor potassæ should be brushed once a day over the surface, and if it produces much smarting, the residue must be washed off with cold water. When the skin is only slightly infiltrated and thickened, he employs a solution composed of two grains of caustic potash to an ounce of water; but when the infiltration is greater he uses a solution containing from five to thirty grains or more to the ounce. These stronger applications must be employed only once a day, and must be quickly washed off with cold water. This treatment speedily allays itching, but is liable to make the skin brittle, and to obviate this condition, Dr. McCall Anderson applies every night either cod-liver oil or glycerine. Dr. Anderson frequently employs alkalies in conjunction with tar or oil of cade. He recommends the following prescription :—"Equal parts of soft soap, rectified spirit, and oil of cade. A little of this to be firmly rubbed over the eruption night and morning, and washed off before each re-application." Mr. Startin condemned the use of soap in eczema, or in any skin disease, using instead a wash consisting either of yolk of egg and water, or milk and water.

Sponging the head several times a day with a saturated solution of borax and water is an effectual application in pityriasis of the scalp; it at once eases the itching, loosens the scales, and cleans the head. Pityriasis often gives way in a short time to this treatment; although, unfortunately, after a variable period the affection generally returns, which indeed happens when the disease is removed by other treatment. Should the pityriasis prove rebellious glycerine of borax often proves more useful, as it keeps the scalp continually moist with the weak alkaline preparation. This plan is useful, too, in eczema of the ears and scald.

Acne punctata generally yields to hot water and plenty of soap several times a day, a treatment which keeps open the orifices of the sebaceous follicles and prevents the accumulation of the abundant secretion. If this treatment roughens, reddens, and irritates the skin, it should be well rubbed with glycerine of starch after each washing.

Free ablution with soap and water is very effective in decomposing and removing the acid irritating secretions which keep up the intertrigo so often infesting the buttocks of children, or in the irritation in the folds of the skin of stout children or underneath the breasts of fat women. After carefully drying the parts, they should be smeared over with some greasy application, which is generally preferable to dusting powders, as starch powder or oxide of zinc, or boracic acid. Caustic potash or soda is sometimes used to open abscesses with the intention of preventing scarring.

Alkaline baths are often employed, but their action on the skin and

its secretion is not yet satisfactorily determined; like acid or simple baths they lessen the acidity of the urine.

Soap with excess of alkali will induce pityriasis of the face, which will often disappear at once on substituting oatmeal or a milder soap, as "compressed glycerine soap" or "Solidified glycerine."

Mr. Peppercorne recommends a saturated solution of carbonate of soda as a local application to burns and scalds. Cloths dipped in the solution are applied and covered with oil silk.

A weak solution of bicarbonate of potash or soda, a drachm of the salt to a pint of water, is a useful injection to check leucorrhœa, when this discharge depends on an increased secretion of the glands of the os uteri. The secretion is strongly alkaline, and when unduly abundant, the efficacy of the alkaline injection in such cases is another proof of the general proposition that alkalies check alkaline secretions.

When the leucorrhœal discharge is clear, like white of egg, or when it is lumpy, but not yellow, three or four injections will generally check it. On the other hand, when the discharge is yellow and puriform, the injection may fail; although in many cases, when this yellow discharge is due to mere abrasion of the os uteri, the injection, continued for one or two weeks, will change the yellow to a white discharge, and sometimes cause even this to disappear. If the leucorrhœa is produced by displacement of the uterus, or ulceration of its neck, this injection, like many others, may temporarily check the discharge; but it soon returns, and in such cases the leucorrhœa cannot be cured till these conditions are removed.

The success of this injection obviously depends on its reaching, and coming well in contact with, the os uteri, the offending part; hence it is necessary to give full and careful directions as to its use. The patient should be directed to lie on her back, to raise the buttocks by placing a pillow under them, and then to introduce the syringe as far as she conveniently can, and to leave the injection in the vagina about five minutes. The injection should be used cold, when it can be borne, twice or three times in the day. A Kennedy's syringe, by means of which any quantity of lotion may be forcibly injected, and which, by washing away the discharges and douching the part with a cold or warm medicated application, is even more effectual.

Mr. Norton, of St. Mary's Hospital, ingeniously employs a solution of liquor potassæ (two drachms to the ounce of water) in the treatment of ingrowing toe-tail. "A piece of cotton-wool is saturated with the solution, and pressed gently down between the upper surface of the nail and the soft tissues. The solution permeates the substance of the nail, and softens and pulpetizes the superficial cells. The wool is kept constantly moist with the lotion, and softened tissues are wiped away each morning. The nail in a few days becomes thin and flexible, and, if desired, it can be pared away without

pain. The lotion should be continued until all ulceration has disappeared.

Borax is antiseptic, and prevents fermentation and putrefaction. It coagulates yeast, and destroys its power to decompose sugar into alcohol. It destroys the action of diastase or amygdalen, and so prevents the formation of essence of bitter almonds and prussic acid, and the conversion of starch into glucose. It also destroys the action of myrosine, and prevents the formation of the pungent essence of mustard from the mustard farina.

Sir J. Simpson recommended borax in "the pruriginous eruption which appears on the mucous membrane of the vulva, and extends up along the vagina as far as the cervix uteri. It may also extend, and is sometimes, indeed, originally situated on, the cutaneous border of the vulva, and appears on the outer cutaneous surface of the labium, spreading backwards along the perinæum to the circle of the anus. Accordingly it is a flitting and transient affliction, recurring with menstruation, pregnancy, or delivery. It may be more fixed, and last weeks, or months, or years, producing constant irritation and distress, frequently interfering with rest and sleep, and rendering the victims miserable and almost deranged when the disease has become somewhat chronic, and necessitates the patient to attempt to alleviate it by constant and sometimes rough friction. The mucous membrane becomes at the most irritable parts white, and thickened with red fissures." This distressing complaint, says Sir J. Simpson, "may be generally cured by the assiduous and persevering application of a solution of biborate of soda (five or ten grains to the ounce of water)." A hot solution much enhances the efficacy of borax. Water alone, as hot as can be fairly borne, will often allay this itching; but hot water with borax is far more efficacious. If this treatment fail, infusion of tobacco may be tried; or an ointment of iodide of lead (ʒ i. to ʒ i.), or of bismuth and morphia. Chloroform vapour, liniment, or ointment, is often found useful; a drachm of chloroform may be added to an ounce of some sedative liniment or ointment. A strong lead lotion or a solution of nitrate of silver often does good. Dr. Simpson says, "There is a great advantage in alternating these local applications; for most of them begin to lose their effects when persevered in above a few days. In the most obstinate and severe cases strong astringents are sometimes of the greatest use, as a strong solution of alum or tannin."

Dr. Garrod employs strong solutions of lithia salts to remove gouty enlargements. Gout-stones are composed of urates. Urate of lithia being the most soluble of uric acid salts, a strong solution of a lithia salt is applied with the intention of converting the urates in the tissues into urate of lithia, and so to soak the urates out through the skin. The swelling must be constantly enveloped in lint or rag kept moist with the lithia solution. In Dr. Garrod's practice this treat-

ment has proved very successful. He thinks that lithia salts formed with the uric acid passes into the blood, and that in this way gout-stones are reduced. He employs carbonate of lithia, five grains to the ounce, with which he has removed considerable enlargements and restored suppleness and even free movement to stiff and useless joints. I also have employed this treatment with considerable success. It is especially useful when the skin is broken over the gouty enlargement. It is well known that a sore of this kind is extremely difficult to heal. The urates being ultimately mixed with the connective tissue, and oozing very slowly through the wound, are dissolved and washed away by the lithia solution, thus enabling the sore to heal. The citrate of lithia is to be preferred; but a strong solution of citrate of potash is nearly, if not quite, as useful. It probably converts the biurates into neutral urates, and in this more soluble form the urates are carried off through the skin. Equal parts of citrate of potash and water may be used. Neither the solution of citrate of lithia, nor that of citrate of potash, irritates the skin. As might be expected this treatment takes many weeks, or even months, to effect considerable reduction of large deposits.

Kappesser has drawn attention to the value of soft-soap as an application to scrofulous enlargements and in acute and chronic inflammations, and Beetz and Senator confirm and supplement his recommendation. It is useful in scrofulous enlargements, lymphadenitis, subcutaneous inflammation, as abcesses and whitlow; also in chronic glandular enlargements or abscesses. Soft-soap is applied each night and rubbed off next morning, or linen rags soaked in a solution of soft-soap ℥ ij.; alcohol or eau de Cologne ℥ i. It has been used successfully in scrofulous mesenteric disease, caries and periostitis. In caries and periostitis about fifteen grammes of green soap is rubbed over the part, and in half an hour is washed off. Senator finds soft-soap inunctions useful in chronic non-scrofulous glandular enlargements, syphilitic glandular swellings, and in serous exudations, including exudations into synovial cavities.

Borax and honey, or the glycerine of borax, if often used for aphthæ. In aphthæ the mucous membrane is usually covered with small, round, sharply-cut superficial ulcers, covered with a pultaceous exudation. Aphthæ naturally runs a short course, and when left untreated gets well in most cases in a week or ten days. The same preparations are useful in removing the curdy exudation of thrush.

Dr. Corson finds, that a piece of borax the size of a pea, dissolved in the mouth, acts magically in restoring the voice, in cases of sudden hoarseness brought on by a cold, and, frequently, for an hour or so, it renders the voice "silvery and clear."

Borax is useful in hoarseness common among clergymen and singers.

The action of the members of this group on the stomach was somewhat anticipated when it was shown that alkalies increase the secretions of the gastric juice, and may thus prove useful to promote digestion. It is obvious, however, that method must be observed, or the contrary effect to that intended will ensue; for, if given soon after a meal, the alkalies will neutralize the acid of the gastric juice, and effectually retard and impede digestion. Alkalies intended to increase the quantity of gastric juice, and to promote digestion, must be taken a short time before a meal. The alkaline saliva swallowed at the beginning of a meal is highly useful; although, as it must speedily become neutralized by the acids of the stomach, its action must be but temporary. Alkalies may be usefully administered in many forms of atonic dyspepsia, and in other forms associated with deficient secretion of the gastric juice. The bicarbonate of soda is the salt generally employed.

When, on the other hand, a patient complains of heartburn and acid eructations, these disagreeable symptoms may at once be removed by the exhibition of an alkali, as the bicarbonate, which neutralizes the excess of acid in the stomach; but it must always be remembered that this treatment is merely palliative. No doubt a course of alkaline treatment appears sometimes to remove acidity; but the good attributed to alkalies may with great probability be ascribed to the tonic with which they are generally combined. The bicarbonates are preferred to the more caustic salts on account of their milder action, while the acetates and citrates are neutral, becoming alkaline only by decomposition in the intestines or blood. The bicarbonates being milder can be continued longer than the more caustic preparations; but they have the disadvantage of giving off much carbonic acid gas, which may cause trouble from distension of the stomach. To prevent this, magnesia, which is an alkali, and acts like the members of this group, may be substituted if the bowels are confined, or lime-water if they are relaxed.

Alkalies are apparently sedative to the stomach, at least they often relieve the pain of this organ. Liquor potassæ is generally employed in such cases.

In cases of poisoning by any of the acids, alkalies the least irritating to the stomach are employed to neutralize and to prevent the further action of the acid on the tissues.

In poisoning by metallic salts and alkaloids the same salts, namely, the bicarbonates of the alkalies, may be used, to precipitate the insoluble oxide of the metal or of alkaloids. Magnesia, as it acts as a slight purgative, and so helps to expel the poison from the intestinal canal, is generally preferred.

By virtue of their diffusion-power, the substances contained in this group pass so readily into the blood, that but a small portion of them reaches far into the small intestines. Little is known of their action

on the small intestines, and on the organs which pour their secretion into them; yet it seems probable that those secretions having an alkaline reaction may be affected in a double and opposite way, according to the period of administering these drugs. The secretion from the intestinal glands is alkaline; hence, if the general proposition elsewhere formulated be valid, acids applied to the orifices of the ducts should augment their secretion, while alkalies should have the contrary effect. But we have seen that alkalies, given before meals, increase the secretion of the acid gastric juice, and thus augment the acidity of the intestinal canal; they should likewise increase the biliary and pancreatic secretion. On the other hand, if given after a meal, alkalies neutralize the acid in the stomach, and should lessen the secretion from the liver and pancreas. On these points, however, nothing is known with certainty, the foregoing statements being merely conjectural.

Rutherford, from his experiments, concludes that bicarbonate of soda injected into the duodenum of fasting dogs "has scarcely any effect on the secretion of bile."

The milder alkalies, as bicarbonates of potash, soda, or magnesia may be used with great benefit in diarrhœa, caused by excess of acid in the intestines. By neutralizing the excess of acid, these substances arrest the diarrhœa.

Soap is often added to anal injections, to suspend castor-oil or turpentine. Soap itself, moreover, may be used as a mild and safe purgative. A piece the size of the thumb, covered with castor-oil or merely wetted with water, and thrust up the rectum as high as the finger will carry it, in a short time will produce an easy, copious, and natural evacuation. This plan is especially available for infants and children.

On entering the blood, alkalies undergo various changes, according to their composition. The acetate or citrate, which has not already undergone a like change in the intestines, becomes converted into the carbonate, the form probably ultimately assumed by the oxide of the alkalies.

The alkalinity of the blood must therefore be increased by these alkalies, not probably to any great extent, as from their high diffusion-power they are rapidly eliminated by the kidneys. There has been much speculation concerning this increase in the alkalinity of the blood. The alkalies are known to promote oxidation, whence it has been conjectured that its oxidation, and that of the tissues, may be increased by increasing the alkalinity of the blood. It has been suggested that alkalies might be profitably employed in diabetes to promote the oxidation of the sugar. Alkalies have been advocated also for excess of uric acid in the urine, with the expectation of oxidizing this product of the nitrogenous tissues, and so converting it into urea or some other substance. Alkalies are sometimes given

to fat people to increase oxidation, in order to consume the superfluous fat, and so to control unseemly obesity. The solutions of the bicarbonates, and especially of the oxides, are occasionally, and I should think unsuccessfully, used for this purpose.

The action of alkalies in diabetes appears to be nil, or rather, it should be said, they in no degree lessen the amount of sugar separated by the kidneys, although, if long persisted in, some derangement of the stomach must occur, with diminution in appetite, so that less food being taken, less sugar is excreted.

Nor does it appear that alkalies can oxidize uric acid in the blood; at least there are no experiments in proof of this. It is, however, very useful to give alkalies, so as to render the urine weakly acid, or even alkaline, so as to convert the excessive quantity of uric acid into a more soluble urate. This treatment, too, will prevent the growth of uric acid calculi.

Micturition in young male children not unfrequently causes severe pain, traced to the existence of uric acid or biurates, in the form of spicular crystals, which in their passage irritate the urethra. By alkalinizing the urine, these crystals are dissolved and rendered innocuous. The citrates having very little action on the mucous membrane of the stomach are the salts best adapted to deacidize the urine.

As to the power of alkalies to increase the oxidation of fats, its is clear that the long-continued administration of the more alkaline preparations will induce much wasting of the body, and admits of no doubt, but this is effected by the disordering action on the mucous membrane of the stomach.

To diminish fatness in a way so likely to damage health, and even to endanger life, is surely a mistake. Some writers of authority insist that obesity may be thus reduced without any ill effects on the mucous coat of the stomach; Dr. Neligan states that he has often removed an uncomfortable excess of fat by the use of liquor potassæ, without in any way injuring the patient's general health. Though occasionally successful, this treatment generally fails signally.

After the passage of alkalies into the blood, and their conversion into carbonate, the action of these substances on that fluid is at present but little known. Dr. Garrod is of opinion that scurvy is due to deficiency of potash salts with the food, a surmise supported by many facts, but not yet confirmed by exact observation.

Rossbach, in his experiments on animals, finds that alkalies acting through the blood dry up the normal secretion of the bronchial mucous membrane. The reverse of this happens, therapeutically, when alkalies are given in chronic bronchitis with viscid, scanty expectoration; for then alkalies increase secretion and lessen viscidity. Rossbach in his experiments used very large quantities of alkalies, and this excess may explain his results.

The bicarbonate or citrate of potash is often employed in rheumatism. This disease is supposed to be produced by an excessive formation of lactic acid, which, having an affinity for certain tissues of the body, excites in them the rheumatic inflammation. Alkalies are given to neutralize this acid, and to protect the tissues from its action. But so little is known about the nature of rheumatism, that it is impossible to approach the question of its treatment on the theoretical side. As careful and exact observations of this treatment are non-existent we can only be influenced by individual impression. This much, however, must be conceded, that in many cases rheumatic pain is much relieved as soon as the patient is well under the action of an alkali and the urine has ceased to be acid.

Many eminent authorities are firmly convinced that the alkaline treatment renders rheumatic fever both milder and shorter, and diminishes the danger of heart complications. I have made many careful observations on this question, and am led to believe that, due attention being paid to the age of the patient, and to the nature of the rheumatism, it will be found that these salts are unavailing either to lessen the intensity or the duration of the fever.

In the fifty-second volume of *Medico-Chirurgical Transactions*, Drs. Gull and Sutton published a paper on the value of remedies in rheumatic fever. The cases quoted, although not numerous enough to settle this much-vexed question, lead them to the conclusion that alkalies, lemon-juice, or blistering, do not shorten the course of rheumatic fever, but it is not denied that these remedies may allay the pain. They further conclude that neither alkalies, lemon-juice, nitrate of potash, nor blisters, prevent the occurrence of heart disease in rheumatic fever. In dealing with statistics relating to the treatment of rheumatism it is necessary to be specially cautious; the present tendency, warranted by observation, leads to the conviction that hereafter rheumatism will be discriminated into many varieties. Already we have distinctive rheumatic fevers, due not only to weather influence, but to syphilis, lead, &c., and it is often difficult, and at first even impossible, to distinguish gonorrhœal rheumatism and acute febrile rheumatoid arthritis from rheumatic fever. In rheumatism there is a large unworked field of inquiry.

The influence of age, too, in acute rheumatism must be taken into account. Thus in children the attack is sharp and short, declining even when untreated in from five to ten days; and, whilst the danger to the heart is much greater than with adults, the joint affection is so slight that in an acute attack, with a temperature varying between 103 and 104, the child may not even complain of joint-pain, or complain so slightly that the nature of the case may easily be overlooked.

Fever in a child, with even the slightest pains in the joints, leads us to investigate carefully if we have not to deal with an attack of

acute rheumatism. On the other hand, in middle-aged and old people, slight fever is generally accompanied by severe pain in many joints, whilst the danger to the heart is almost nil, and the attack is often chronic. Again, the fatality of rheumatism is much influenced by age. Rheumatic hyperpyrexia, the most common cause of death in acute rheumatism, rarely occurs in children or in middle-aged people. Children rarely die of acute rheumatism—indeed, I have never seen a child die of this disease. The foregoing observations make it obvious that, in testing the efficacy of remedies we must take care not only to discriminate one kind of rheumatism from another, but to compare cases occurring in persons of much the same age.

The frequency of relapse in acute rheumatism is well recognized. I believe this relapse is in many cases explicable and avoidable. Thus I have found that when the temperature has become nearly normal, rising only to 99·5° to 100°, or a little over, there may be no pain, especially in the case of a child, and the patient feels so well that he is often allowed to get up and walk about, at the great risk of bringing back the fever and joint-pain. In the ward I have frequently verified the fact that relapses are often brought about in this way, and I am sure it is much safer to take care that the temperature should become normal, and remain so for several days, before the patient is allowed to get up. These cases will illustrate the importance of the thermometer, as so slight a degree of fever is quite indetectable by the hand. But the temperature must be taken several times a day, as the preternatural rise may last only a few hours daily. Movement of the joints in rheumatic fever inflames them and heightens the fever. If a joint, free from inflammation and pain, is worked by the hand for a short time, it often becomes in a few hours acutely painful and red. Again, it is well known that the journey to the hospital often excites inflammation in patients' joints and heightens the fever, so that simple rest during the few first days in the ward almost always causes a diminution of pain and fever.

Potash salts exist abundantly in the milk, whence it has been suggested that the administration of these salts may promote this secretion.

The sustained administration of the alkalies and their carbonates renders the blood, it is said, poorer in solids and in red corpuscles, and impairs the nutrition of the body. These results are probably due to disordered digestion, produced by the long-continued use of alkalies, and are not dependent on an excess of alkalinity of the blood. Such excess must always be slight on account of the rapid elimination of these salts by the kidneys. It has been shown by Sir W. Roberts that the citrate of potash may be taken for an almost indefinite time without deranging the general health, yet this drug

increases the alkalinity of the blood, while, owing to its neutral reaction, it is harmless to the stomach.

Liquor potassæ bears the reputation of promoting the absorption of inflammatory formations, and is occasionally employed in pleurisy, but its good effects are not evident, and the disorder it produces in the stomach renders its use unadvisable for any length of time. Dr. Walshe recommends liquor potassæ in plastic bronchitis.

Carbonate of potash, in one or two grain doses, given three or four times daily, with a little syrup to cover the taste, is much used in Philadelphia for whooping-cough.

Sodium bicarbonate, ten to fifteen grains to the ounce of water, readily dissolves false membrane, as of diphtheria, and this solution is at present largely used as a local application to the throat and to the trachea and larynx, through the wound after tracheotomy.

What influence have the alkalies on tissue change? Dr. Parkes has investigated the action of liquor potassæ, and he thinks that it probably increases the disintegration of the nitrogenous substance of the body. He believes that his experiments justify him in concluding that it disintegrates also the sulphur-holding tissues, for liquor potassæ increases both the urea and the sulphuric acid of the urine. The strong reaction of liquor potassæ unfits it to be given in doses sufficiently large to affect in any great degree the reaction of the urine, so that when it is required to alkalinize this fluid the bicarbonates of citrate must be employed.

Large doses of potash salts considerably depress the temperature. Experiments by Feltz and Ritter and Astaschewsky support the idea that uræmia is due to the retention in the blood of potash salts. They tied the renal arteries of animals, and injected various substances into the blood, amongst others potash salts, and produced uræmic symptoms. Drs. Wood and Reichert find that potash salts increase about equally both heat formation and heat dissipation through the skin.

What action have alkalies on the constituents of the urine? They are all reputed to be diuretic, but, as no exact observations have been made with these salts, this statement must be regarded as only a probable assumption.

Before referring to the presumed diuretic properties of these substances, it will be well to digress for a short space to speak in general terms of diuretics.

By diuretics, we understand medicines which act as eliminators of the urine; and we must distinguish diuretics from those medicines which, by promoting tissue change, cause an increase in any of the constituents of the urine. Diuretics merely separate from the system already-existing products.

As the urine is a complex fluid containing, besides water, many salts and other ingredients, we may have medicines which will

eliminate one or more of these substances, leaving the rest unaffected. We may therefore have diuretics of water, or of urea, or of uric acid, &c. The retention in the blood of materials which should be eliminated by the kidneys may be due to a variety of conditions. The physical state of the kidneys may be altered, and these organs disabled by diseases of distant organs, as of the heart. Or, through insufficient oxidation and combustion of the effete products of disintegration, refuse materials may remain in a form unexcretable by the kidneys; and, lastly, the retention of the urinary ingredients in the blood may be dependent on organic disease of the kidneys themselves.

Thus, in one instance, a medicine acting on some organ at a distance from the kidneys, as the heart or lungs, will be a diuretic; while in another, those means which promote oxidation in the blood will prove diuretic; and, lastly, diuretics may act immediately on the kidneys by removing or altering those physical conditions which hinder the action of those organs.

How far do the members of this group act as diuretics? and in which of the foregoing ways? We cannot give very satisfactory answers to these questions.

First, as to their diuretic action.

It is generally held that all these substances are diuretic, and, under certain circumstances, they may possibly become so. Acetate of potash and acetate of soda enjoy the highest repute in this respect, though some careful observations have been made with these substances on persons in health, which have led to unexpected results. It was found by Böcker (quoted by Parkes), "that so far from acting as a diuretic in health, the acetate of potash diminished the water, the urea, the extractives, and, in a remarkable manner, the earthy salts." Some valuable observations concerning the action of citrate of potash and acetate of potash, as diuretics in health, have been made by Dr. Nunneley on himself. He took daily, for twelve days, three to five drachms of citrate of potash. On an average, the daily excretion of water was increased by two ounces and a half, but the urea was lessened by eighty-four grains, and the solids by sixty grains. The acetate of potash, in daily doses of from two and a half to three and a half drachms, exerted a similar influence in a somewhat less degree.

But should we expect medicines to act as diuretics or eliminators in healthy persons? In their blood there should be but little urea or uric acid to be eliminated, and we must be careful how far we allow physiological experiments on healthy subjects to guide us as to the action of diuretics in disease. That such caution is highly necessary is shown by the experiments of Ranke, who, after giving acetate of potash, noticed a very considerable increase in the quantity of urine voided soon after, showing that this salt will sometimes act as a diuretic of water.

So far as to their diuretic properties; and we will endeavour now to answer the second part of the foregoing question—In what way do they act as diuretics?

It is not supposed that any members of this group act on organs remote from the kidneys. They may possibly promote oxidation in the blood, and so reduce effete products to urea, in which form they are separated by the kidneys.

Some of the alkalies are considered to be febrifuge, as the citrates and acetates. If so, they would act as eliminators of water, as, on the decline of fever, an increase takes place of the urinary water previously held back in the system during the febrile state, and often accompanied by a simultaneous increase in the solids of the urine. If, therefore, these substances will check fever, this increase of water and solids must, in some measure, be due to their action.

These alkalies are generally reputed to act as diuretics when the kidneys are diseased, the citrates and acetates being given in acute and chronic Bright's disease. By making the urine alkaline, some consider it is enabled to dissolve the organic but diseased matters, which block up the uriniferous tubes in Bright's disease, and hinder the secretion of the kidneys.

It has already been mentioned, that the members of this group render the urine less acid, or even alkaline; but, strange to say, the amount of acid excreted with the urine is actually increased, but being neutralized by the alkalies, it gives no acid reaction.

The citrates and bicarbonates are constantly employed to render the urine alkaline, when the urinary organs are irritated or inflamed, as in cystitis and gonorrhœa. If in cystitis, the urine, before it is passed, is already alkaline from decomposition of the urea, alkalies must be intermitted; for they would, of course, increase the alkalinity, and, as alkaline decomposes much more readily than acid urine, they would still further promote the decomposition of urea, and the formation of carbonate of ammonia.

When excess of uric acid occurs in the urine, it should be kept for a time alkaline. By many careful and ingenious experiments, Sir W. Roberts has shown that uric acid calculi may probably be dissolved in the bladder if the urine is maintained alkaline for some weeks. This treatment is probably useful in renal calculus, which is generally composed of uric acid only. It is reasonable to expect that the alkaline urine would in time reduce the calculus sufficiently to pass down the ureter. We certainly meet with patients complaining of much pain in the back, passing bloody urine, containing a large quantity of uric acid crystals, and a little pus, who are curable with large doses of citrate of potash. A solution of borax is very useful as an injection for leucorrhœa. It probably acts in part on account of its alkalinity.

A tablespoonful of common washing soda, added to half a gallon of warm water is useful in the treatment of tenderness of the soles. The feet should be immersed for half an hour twice a week or oftener.

I may here introduce a summary of some interesting experiments made by Dr. Paul Guttmann, and some by myself, which confirm many of the conclusions of Claude Bernard and others, on the action of potash and soda salts. The results are singular, and scarcely in accordance with medical experience of the action of these substances on the human body.

POTASH SALTS are all far more poisonous than soda salts.

Potash salts are all equally poisonous and equally fatal in the same space of time, if administered in the same way.

Chloride of potassium, carbonate of potash, and nitrate of potash, in identical doses, are equally powerful to destroy life, and in the same period of time, even when either salt, previous to injection, is mixed with a solution of albumen.

The acid of the salt plays no part in the fatal result.

In poisonous doses, great muscular weakness sets in, first appearing in the hinder extremities ; while, in warm-blooded animals, dyspnœa and convulsions take place. Large doses lessen the frequency and force of the heart's beats, and sometimes make them irregular. This holds good with all potash salts. Large doses at once arrest the action of the heart, which always ceases to act in the diastole.

Traube asserts that the action on the heart is affected through the vagi nerves. Guttmann considers this view erroneous, as, after the vagi were both divided, and the medulla removed, the potash salts still affected the heart as before, and even when the vagi was paralyzed by woorali, the potash salts still acted as usual on this organ. Whether their effect on the heart is owing to their action on the heart's substance, or on its ganglia, Guttmann cannot say. He states that these salts lower the temperature of the body ; but certainly to a very insignificant extent.

SODA SALTS, in twice or three times the quantity which proves fatal in the case of the potash salts, produces no effect on the system except a passing weakness.

Even in larger doses, soda salts exert no action on the heart, cause no diminution in the temperature, and produce no apparent effect on the cord, brain, nerves, or muscles.

The heart of a frog suspended in a solution of potash quickly ceases to contract, whilst it takes a much longer time to produce a like effect in a solution of soda of similar strength.

Many soda salts produce an opacity of the lens in frogs, but this does not occur with sulphate of soda. Guttmann shows that the opacity is not due to mere abstraction of water from the lens ; though this condition is removed by immersing the opaque lens in water. This opacity does not take place in mammiferous animals.

Some experiments on chloride, bromide, and iodide of potassium I made, in company with Mr. E. Morshead, lead us to conclusions similar to those arrived at by Guttmann. We find that these three salts produce the same symptoms in the same order, and with an intensity proportioned to the amount of potash they contain.

In conjunction with Dr. Murrell, I have made some further investigations concerning the action of chloride of potassium (*Journal of Physiology*, vol. i., No. 1).

This salt, we find, is a protoplasmic poison. It poisons all nitrogenous tissues and destroys their functions. A subcutaneous injection speedily affects the brain and cord, causing complete general paralysis, and in a few hours the motor nerves, when

directly stimulated by the interrupted current, cease to conduct impressions. A little later still the muscles will not contract to electric stimulation. Now this paralysis of all the tissues is due to the direct action of the potash, and not to the arrest of the circulation, since the paralysis of the nerves and muscles occurs much earlier after poisoning with chloride of potassium than after mere mechanical arrest of the circulation.

We conclude also that the chloride acts by an equal affinity for all protoplasm, and destroys the tissues in the order of their vital endowments. Potash salts are depressors and paralyzers of the heart. How do they paralyze the heart? In the same manner, we conclude, as they paralyze the other structures, by an affinity for all the nitrogenous tissues. The more highly endowed nervous ganglia are the first to suffer, hence small doses will arrest the heart, whilst the muscular tissue will still respond to galvanic stimulation; but, if into the jugular vein a large quantity of potash salts is at once introduced, it will destroy not only the functions of the nervous structures, but also muscular contractility. Thus Guttmann found that the injection of small doses into the jugular vein of warm-blooded animals paralyzes through the nervous system; whilst Traube found that the injection of a large dose paralyzes also the muscular tissue, so that it failed to contract on the application of galvanism. These experiments strongly support the views we have advanced.

If it seems strange that chloride of potassium produces such profound effects on frogs, whilst it appears so harmless a drug to man, we need merely point out that our frogs were given a quantity proportionate to from 3 to 9 ozs. for a man weighing 150 pounds, and so large a dose thrown at once into his circulation would doubtless profoundly affect the chemical condition of the blood, and the functional activity of the organs.

As arrest of the circulation is itself a paralyzing influence, we conclude that arrest of the circulation caused by the chloride of potassium must, in some degree, assist in direct action on the tissues.

In the chapter on Bromide of Potassium, we have shown that it produces the same symptoms, in the same order as other potash salts, and that the more or less rapid induction of these symptoms depends on the amount of potash the salt contains. Bromide of potassium, like the chloride, paralyzes not only the central nervous system, but likewise the nerves, muscles, and heart, the central nervous system being affected sooner than the nerves, and the nerves sooner than the muscles, and therefore we conclude that these effects of bromide of potassium, which it possesses in common with all potash salts, are due solely to the potash, the bromide playing no part in the process.

The action of potash salts differs from soda salts, not merely in degree but in kind. We find in the vegetable kingdom that soda salts will not replace potash salts. In animals we find potash salts predominating in the formed, soda salts in the unformed constituents of the body. A potash salt is necessary for the due dilatation of the heart after a contraction, and for this purpose soda salts cannot in any degree take the place of potash salts. Potash salts lessen muscular excitability; prolong the period of diminished excitability, and retard reparation following a contraction, in these respects strongly contrasting with soda salts. These physiological differences imply therapeutic differences, and hence one base cannot be given in place of the other.

AMMONIA, CARBONATE OF AMMONIA, SPIRITS OF AMMONIA.

These preparations have many properties in common with the alkaline potash and soda group. They possess a strong alkaline reaction, are freely soluble in water, have a high diffusion-power, and dissolve the animal textures. They differ from the potash and soda preparations in their volatility, in being more powerful local irritants of the living animal tissues, and exciting very active inflammation.

Their action on the skin is, in many respects, similar to that of the alkaline potash and soda preparations. Owing to the water in its composition, liquid ammonia manifests but little attraction for that of the tissues; and since its solvent action on the textures is less than that of the soda or potash salts, its destructive powers are much less rapid and extensive. Owing, however, to its high diffusion-power, it readily penetrates the cuticular covering of the body, and excites a degree of active inflammation sufficient to destroy the tissues and so produce, first a slough, then an ulcer. The preparations of the members of this group are never purposely employed to produce formidable destructive changes in the tissues, but are used in the form of liniment, or the solution of ammonia itself, as vesicants and rubefacients.

Ammonia solution may be employed to produce very speedy vesication. A few pieces of lint should be cut a little larger than the required blister, and on the lint should be poured ten or twenty drops of the strong solution of ammonia; the pledget must be applied at once to the skin, and covered with a good-sized watch-glass. Heat, with some smarting and tingling, is soon felt, and in a short time a rim of redness appears around the glass, denoting that the application has done its work; then a poultice promotes the vesication, and eases the burning pain. In this way, a blister may be produced sometimes in ten minutes, though it may take half an hour; so great is the difference in the vesicating action of ammonia, that with some a blister does not form at all. Hence, it must be considered a very uncertain vesicant.

As a rubefacient, or "counter-irritant," it is more useful; but it is in no respect superior to a mustard poultice, the materials for which are always at hand. The liniment of ammonia, if merely rubbed or dabbed on the skin, acts very imperfectly as a counter-irritant. It must be applied on lint, or linen, kept in contact with the skin, when decided rubefaction takes place in a few minutes.

As a counter-irritant, ammonia is used for the same purposes as mustard poultices or blisters.

Ammonia is a useful stimulant to the scalp to promote the growth

of hair thinned by illness. Wilson uses half an ounce of strong liquor ammoniæ to six ounces of honey-water, scented with almond oil and spirit of rosemary.

Dr. Tilt extols Raspail's sedative lotion in the treatment of headaches occurring at the change of life, or produced by defective uterine functions. The lotion, made by adding two ounces of liquor ammoniæ, and of common salt respectively, and three drachms of camphorated spirits of wine, to thirty-two ounces of water, is applied to the painful part with a small sponge, and is renewed as often as may be required. It excites a sensation of burning, and reddens the scalp. If too strong, it should be diluted with water. I have often found a similar application very useful to remove the "heat and weight" at the top of the head, so frequently occurring in women at the change of life, or from uterine derangements, or generally impaired health.

The weaker solutions of ammonia are sometimes applied to the bites or stings of insects, as wasps, spiders, &c., to neutralize the formic acid, the active principle of the poison.

Formic acid is commonly said to be the poisonous principle in insects, whose bites or stings excite pain or inflammation. This, I think, can hardly be correct. The sting or bite of an insect affects some persons much more than others. The bite of a bug or flea will, in one person, cause considerable swelling, whilst in another it will excite neither pain nor swelling. Even in the same person we find that perhaps, when young, insect bites or stings scarcely affected him, whilst later in life they cause much swelling and pain. Again, a bug-bite will cause great swelling, whilst in the same individual a gnat, a flea, or midge will cause no inflammation. The bite of a midge, too, will excite considerable swelling with much itching, lasting eight or ten days, whilst in the same person the bites of other insects are quite innocuous. Now this difference could not be if the active principle were always the same. It is evident, therefore, that there must be some difference in the nature of the poisons secreted by different insects, and that it cannot depend on formic acid; or were this always present in the poison of insects, it must be mixed with some other virus differing in different animals.

Mr. Philip Miall recommends fomentations, with a solution of twenty grains of carbonate of ammonia in a pint of boiling water, for threatened mammary abscess. When the breast is hot, reddened, throbbing and painful, the effect is very speedy, the swelling often subsiding in a few hours. The fomentations must be assiduously applied for half-an-hour at a time, and repeated every two or three hours.

Salts of ammonia, applied to the nose, and breathed into the air-passages, are commonly used in fainting, and in poisoning by narcotics. Stimulating the mucous membrane, it excites the vaso-motor centre, heightens blood-pressure and averts syncope. They are also used in the early stages of cold in the head, and as derivatives, to remove pain and inflammation of the nose and frontal bones.

Ammonia inhalations have been recommended in chronic bronchitis to ease, and probably to lessen, the over-abundant expectoration.

Ammonia in the stomach acts much in the manner as it acts on the skin. It neutralizes the acid it encounters, and is therefore an antacid; at the same time, if completely neutralized, it acts as an excitant, or even irritant of the mucous membrane.

Soon after the administration of ammonia, a sensation of warmth at the pit of the stomach sets in, which quickly spreads to the rest of the body. When the functions of the stomach and upper part of the intestines are depressed, it may be used as an excitant. It often obviates spasm of the intestinal canal, and braces up the relaxed mucous membrane. Ammonia compounds of this group are therefore among the best antispasmodics. They are useful remedies for children, especially for infants, who are frequently tormented by colic or flatulent distension of the intestines brought on by bad feeding.

These preparations may be profitably employed in the after stages of diarrhœa, after the removal of the irritating excitant cause, when the mucous membrane continues to pour out a watery secretion, which perpetuates the diarrhœa.

The alkaline preparations of ammonia are employed in flatulent distension of the stomach and intestines, with the view of absorbing the excess of gas, generally consisting of carbonic acid. In such affections these remedies no doubt are often temporarily useful as palliatives. They excite the muscular coat of the intestine to contract, and so promote the expulsion of the distending gases.

In full doses, these remedies excite an increased formation of mucus, and even vomiting; as emetics, they act without inducing nausea or depression. They are seldom employed alone, but are used to counteract the depressing effects of other emetics.

If administered too long, they excite catarrh of the stomach and intestines.

These substances readily enter the blood, and must to some extent increase its alkaline reaction; but owing to their volatility and high diffusion-power, they are rapidly eliminated, and therefore exert only a transient action on the blood and the organs of the body.

Feltz and Ritter find that toxic doses prevent the respiratory functions of the blood, and hinder the oxidation of the red corpuscles, which will not absorb oxygen even when it is shaken up, ammonia acting in this respect like many other substances.

Large doses injected into a vein excite tetanic convulsions of spinal origin.

In experiments with the detached frog's heart, fed with an artificial circulation, Dr. Sainsbury and I find that ammonium salts, in small doses, increase the strength of the ventricular contractions, but larger doses destroy muscular contractility, spontaneous action con-

tinuing till contractility is lost, even when the ventricle is strongly stimulated. Ammonium salts act nearly as powerfully as potassium salts on the cardiac muscular tissues; but ammonium salts do not weaken the spontaneous rhythm, and in this respect differ strikingly from potassium salts. A large dose of ammonia injected into the blood of warm-blooded animals arrests the heart at once.

Carbonate of ammonium, and, in a less degree, citrate and acetate of ammonium, produce perspiration. A small dose, one or two grains of carbonate, given hourly, generally produces perspiration as abundantly as either aconite or tartar-emetic. Carbonate of ammonia is one of the most certain and efficient diaphoretics in febrile diseases.

It has been maintained, without much show of proof, that carbonate of ammonium is the poisonous agent in uræmia; the urea, it is said, decomposes in the blood, forms this carbonate, which in its turn produces the serious symptoms constituting uræmic poisoning.

Ammonia induces a slight increase in the force of the pulse, some excitement of the brain, and a general sensation of warmth. Being a slight stimulant of the heart, ammonia is used in fainting and exhaustion. It is frequently administered as an antispasmodic—an action depending probably, in part, on its power to strengthen the heart's action, but, like all other antispasmodics, its influence is brief.

Carbonate of ammonium is often employed as a stimulating expectorant in chronic bronchitis, when the expectoration is profuse and the patient's strength is diminishing. It is often given with chloride of ammonium, which probably acts in a similar manner. Carbonate of ammonium is frequently of signal service in severe bronchitis, or broncho-pneumonia of children, especially when they are prostrate and livid from obstructed breathing.

Carbonate of ammonium is largely used in typhoid conditions due to erysipelas, or in the other acute specific fevers, pyæmia, etc.

Carbonate of ammonium, in three to five grain doses, administered uncombined with any other drug, hourly, or even two or three hours, according to the severity of the case, has been much lauded in scarlet fever. It was largely used by the late Dr. Peart, who "did not lose one patient out of nearly three hundred." The late Mr. Wilkinson also employed it largely with equal success; and recently Mr. Charles Witt has written a pamphlet extolling its virtues. It is said to be useful in all forms of scarlet fever, especially when given early. The immediate effects are stated to be diminution of heat, fever and delirium, and a disposition to sleep. Mr. Wilkinson says it is equally useful in measles, and that the ammonia treatment leaves no secondary evils. I have used this treatment largely in measles, apparently with considerable benefit. Carbonate of ammonium induces free perspiration, and appears to develop the rash and cause the disease to run a benign course. Mr. Charles Witt

says, care must be taken that no acid drinks nor acid fruits of any kind are permitted, or the ammonia, becoming neutralized, loses its efficacy. Solution of acetate of ammonium, and citrate of ammonium, are useful diaphoretics, and are largely employed in fevers. It is especially useful in the milder forms, as in common catarrh. A full dose of acetate of ammonia, or Mindererus's spirit, will often speedily steady and sober a drunkard. The supposed effect of ammonia in preventing iodism is noticed in another place.

Ammonium salts are powerful antiseptics, especially the liquor and carbonate, and possibly they may act beneficially in the acute specific fevers, in virtue of this property.

Owing to its high diffusion-power, ammonia escapes very readily from the body in various ways, a portion passing with the breath, some probably with the sweat, and much with the urine.

The taste of carbonate of ammonium is much masked by administering it in milk.

MAGNESIA, LIGHT MAGNESIA, CARBONATE OF MAGNESIA, LIGHT CARBONATE OF MAGNESIA, SOLUTION OF CARBONATE OF MAGNESIA.

These substances, having an alkaline reaction, might be placed in the group of potash and soda alkalies, but the effects of the magnesia group on the body are, in many respects, very different from those of the potash and soda group. We have elsewhere treated of the properties pertaining alike to all alkaline substances, including, of course, the members of this group. (See Potash group.)

Some of the oxide of magnesia combines with the acids of the gastric juice, and becomes soluble; the remainder, being unaffected, is left insoluble. Part of the carbonate, decomposed by the acids of the stomach, sets free its carbonic acid.

These substances act as antacids and as antidotes, in poisoning by the strong acids and by some metallic salts. In some cases, they are preferable as antacids to bicarbonate of soda or lime. The advantages of the members of this group are :—(1) their large saturating capacity for acid; (2) their purgative property; (3) their harmlessness, on account of their insolubility, when given in excess.

Their disadvantage consists in their great bulk. The oxide or carbonate of magnesia is generally used as an antacid, but the oxide is preferable, as the carbonate, by giving off much gas, may produce disagreeable distension of the stomach. It must not be orgotten that they are merely temporizing remedies, and that

acids are far better correctives of acidity of the stomach. (See Acids.)

The oxide of magnesia is a convenient antidote to the strong mineral or vegetable acids. It neutralizes them, and protects the delicate structures of the stomach from their corroding action; and it precipitates many metals from their acids, rendering them less soluble, and, therefore, less poisonous. The magnesias form an insoluble compound with arsenic, and thus take rank among the antidotes of this poison.

The magnesian salts combine in part with the acids of the gastric juice. The oxide and carbonate, on account of their insolubility, cannot pass into the blood, nor does the chloride pass in any amount because of its low diffusion power. Hence, almost all the magnesia passes into the intestines.

In the intestines, the salts of magnesia undergo changes according to their composition. The chloride, probably, is decomposed by the bile, and the oxide precipitated part of which combines with the biliary acids. The oxide is converted first into the carbonate, then into the bicarbonate by the carbonic acid of the intestines, and so made soluble, and capable of acting as a purgative. The carbonate is changed in a similar manner into the bicarbonate, and likewise becomes a purgative. Thus they act as purgatives only after conversion into bicarbonates, in which form they possess most of the properties of the group which includes sulphate of magnesia, etc. Like the members of this group, the bicarbonate has a very low diffusion-power, and, like them, it is purgative; its action in this respect being very mild, it is termed a laxative. Their mild action, freedom from taste, and antacid property, fit these substances admirably for children. They are generally combined with a little rhubarb. If unduly employed they occasionally accumulate, and form concretions of ammonio-magnesian phosphates in the intestines.

Bicarbonate of magnesia, fluid magnesia as it is termed, is a useful and mild aperient.

Magnesia has been lauded in sympathetic vomiting, as that of pregnancy, when it is to be presumed the vomiting depends on excessive secretion of acid from the stomach; but its effects are very transient. Should it fail, recourse may be had to oxalate of serium (one grain every three hours), ipecacuanha, quinine, acids, etc. (See Ipecacuanha.)

The chief part of the magnesia passes out with the fæces, and, for the reasons stated, a small portion only enters the blood. In excess of uric acid, members of this group prove useful by saturating much of the acid in the stomach, and carrying it out of the body.

LIME, CAUSTIC LIME, LIME-WATER, LINIMENT OF LIME, SACCHARATED SOLUTION OF LIME, CARBONATE OF LIME.

This group contains highly valuable medicinal substances, which might with advantage be more extensively used.

Lime is a necessary constituent of the hard and soft tissues of the body, of bone, and the parts more vitally endowed, as the nerves and muscles; wherever there is active growth, whether natural or unnatural, lime salts are found in excess, probably as phosphate, being in all likelihood the form of lime required by the body for the performance of many of its functions. In practice, however, we find the other salts of lime of equal service in almost precisely the same morbid state in which the phosphate is so valuable, and it seems feasible that a portion of the lime salts becomes united in the body with phosphoric acid.

The importance of lime is well shown in its influence on a cardiac contraction. Without lime it is probable that no contraction could occur. If too little lime is present then the contraction is weak, but if a full physiological quantity is present in the fluid circulating through the heart the contraction becomes complete.

Their diffusion-power being very low, and having little affinity for animal structures, when applied to the skin they produce very little change. But caustic lime, having a strong attraction for water, will withdraw it from the dermis when deprived of its cuticle, and to some extent effect the destruction of the tissues. Yet, as its diffusion-power is slight, it fails to penetrate the tissues, and its action is superficial. Caustic lime is not often used as an escharotic. Mixed with caustic potash, it forms a compound less deliquescent, far more manageable, and safer than simple caustic potash, especially in affections of the neck of the uterus, as first pointed out by Dr. Henry Bennet.

Applied to broken skin and to sores, the carbonate and lime-water are slightly astringent; hence lime is sometimes used to check the discharge from sores and skin eruptions.

Lime-water and oil in equal quantities, or in the proportion of four of lime-water to one of oil, enjoys a high reputation in the treatment of burns.

Lime-water is of service as a lotion to cracked nipples.*

* To prevent cracked nipples is far better and much easier than to cure them. Immediately the child is removed from the breast the nipple should be carefully washed and dried. The nipples may be hardened by washing them some short time before delivery, and after each suckling, with a little brandy and water. A zinc shield worn constantly over the nipple is both healing and protective.

Lime-water is sometimes employed to check the abundant discharge of certain skin diseases, as eczema, and likewise as a sedative to ease the smarting and tingling. When the inflammation of eczema has been subdued, the discharge being great, lime-water and glycerine form a useful and comforting application.

Carbonate of lime is sometimes used as a dusting powder in eczema or intertrigo, to absorb the abundant secretion, to prevent discharges from irritating the already inflamed skin, and to protect the skin from the air. In common with other dry powders, carbonate of lime is inferior to some simple, bland, or slightly stimulating greasy application. Certain cases, however, are certainly more benefited by dry powders, as oxide of zinc, bismuth, and carbonate of lime, than by ointments.

As we have said, carbonate of lime is used for intertrigo of the buttocks and perinæum of young children, and to protect the skin from the irritation of the urine and of the air. Napkins soaked in urine being very generally the cause of this eruption, it is obvious that greasy applications afford a more efficient protection, since the powder readily absorbs discharges, becomes itself irritating to the skin, cakes and cracks, leaving parts of the surface exposed. The best treatment indeed consists in frequent ablutions with soap and water, and anointing with greasy applications, as boracic acid ointment.

Lime-water, on account of its astringent quality, is used as a wash in discharges from the ears and vulva, and is of most service when some active inflammation is still present. In the chronic stages of ear disease it is far inferior to the glycerine of tannic acid and other astringents.

Dr. Joseph Bell recommends lime-liniment with cotton-wool to prevent small-pox pitting. Cotton-wool cut in proper shapes is dipped into the liniment, and applied so as carefully to cover the face and neck, leaving apertures for the eyes, nose, and mouth. No crevice must be allowed, and a large handkerchief must be tied over all, and the dressing allowed to remain on until convalescence.

Lime-water, probably owing to its alkalinity, is often useful as an injection in leucorrhœa.

Chalk makes a good tooth-powder, and is safer than powder with hard and angular particles which wear away the enamel and lay bare the dentine.

Lime-water is occasionally used to lessen the discharge, and to promote the healing of inflammatory and ulcerative diseases of the mouth.

Solutions of lime, as lime-water, will dissolve false membranes, as diphtheritic membranes, and either lime-water itself, or the following formula:—Calcis half an ounce, glycerine two ounces, water eight

ounces. It should be used as a spray frequently. Though strongly recommended by several excellent authorities, still this treatment of diphtheria is of doubtful efficacy. It is also recommended in plastic bronchitis.

Lime preparations neutralize the acid in the stomach, but other remedies are mostly preferred. Salts of lime are useful in oxalic acid poisoning.

It is not easy to indicate precisely the therapeutic value of lime-water in vomiting, but in some forms of it few remedies are more useful. It is generally serviceable in chronic vomiting; thus it often arrests the vomiting from chronic ulcer of the stomach. It should be mixed with milk, either in equal parts or in the proportion of one of lime-water to four of milk; and if the vomiting is incessant the patient should be fed only on this, in frequent small quantities of a tea or tablespoonful. Young children often eject much of their milk in lumpy masses; some passing into the intestines, and escaping with the motion, cause in their transit much wind and severe colic. Cow's milk is apt to induce this condition, as gastric juice coagulates it in lumps, while it generally coagulates human milk in fine flakes. Lime-water, by preventing this lumpy coagulation, checks this kind of vomiting generally at once, or, should it continue, the rejected milk is no longer curdled. In case of constipation, bicarbonate of soda should be substituted for lime-water. One-eighth of lime-water is generally sufficient, but this failing, a larger quantity, even equal parts of each, should be tried. Half a drachm to a drachm of bicarbonate of soda should be added to a pint of milk. These remedies both sometimes fail, and it may be necessary for a time to withhold milk, and to feed the child on sopped bread, water gruel, and chicken broth, or veal broth.

This vomiting occurs in the early months of life, sometimes even during suckling. If the child is brought up "by hand" the milk should be sufficiently diluted, and during the first month with at least an equal quantity of water; indeed, some authorities advise two parts of water to one of milk, the relative quantity of milk increasing as the child grows older. A child a month old may take a pint to a pint and a half. Dr. Meigs, of Philadelphia, recommends an excellent food for healthy children, and especially for those suffering from the kind of vomiting under consideration:—Soak a scruple of gelatine in a little cold water for a short time, and boil it in half a pint of water till it is dissolved, that is about ten or fifteen minutes. Just before finishing the boiling, add milk with some arrowroot made into paste with cold water, and afterwards some cream. The proportion of the milk, cream, and arrowroot depends on the age of the child. For an infant less than a month old he advises three to four ounces of milk, a teaspoonful of arrowroot, and half an ounce to an ounce of cream to half a pint of gelatine-water; for older children

the milk may be increased to half or two-thirds. The gelatine and arrowroot prevent the lumpy coagulation of the milk, while the small quantity of arrowroot will not disorder the stomach. If even this food is rejected, then dilute the milk with three or even four parts of a very thin decoction of arrowroot, or try merely cream and water, one part of cream to three or four of water. This food consisting of milk, cream, arrowroot, and gelatine-water is very useful in diarrhœa.

Again, in young children suffering from chronic vomiting and diarrhœa, and consequent wasting, lime-water is often of great benefit, improving digestion, and apparently assimilation, and obviating that highly-irritating state of the urine which so commonly occasions intertrigo.

Solutions of these salts pass but slowly into the blood, on account of their low diffusion-power, hence the greater part pass through the intestines, and are ultimately voided with the fæces.

These substances neutralize any acid present in the intestines, and check the secretion from the mucous membrane; and, sometimes by one means and sometimes by both, act efficaciously in diarrhœa. Carbonate of lime, and in a less degree lime-water, deservedly hold a high place among remedies for diarrhœa in the latter stages, when the irritant is got rid of. Common chalk mixture is useful in diarrhœa depending on more serious causes, as ulceration in phthisis or typhoid fever; but in these graver cases other remedies are to be preferred.

It has been said that saccharated solution of lime does not confine the bowels, but on the contrary relieves constipation. It should not be taken on an empty stomach, lest it excite nausea.

Lime-water is a useful injection to destroy the thread-worms which infest the rectum. It has been also used as an injection in gleet.

From their low diffusion-power, only a small quantity of these substances passes into the blood; so small, probably, that it may well be doubted if they can in any way influence the organs remote from the intestines. But experience shows that lime-water or carbonate of lime is a valuable remedy in deficient nutrition, and in convalescence from serious disease, its good effects being most marked in children, in most stages of rickets, mal-nutrition, etc.

In some instances these good results are traceable to the action of the lime salts on the mucous membrane of the intestines. The action of these salts, however, being very similar, although inferior, to that of phosphate of lime, we refer our readers to the section which treats of this salt. One point may be noticed here, confirmed by both theory and experience, that small will do as much good as large doses, since but little lime passes into the blood.

In scrofula with glandular enlargements of the neck, in cases re-

sembling tabes mesenterica, and chronic diarrhœa with weak digestion, Dr. Warburton Begbie extols chloride of calcium in ten to twenty grain doses, given in milk after food and continued for a considerable time, its good effects, in many cases, not at once becoming apparent. It is recommended too in phthisis, and many writers report very favourably of this treatment.

Lime-water is reputed to be useful in whooping-cough, and this may well be, owing to its astringency; for in certain forms of this disease astringents, as alum and tannin, often effect a decided improvement.

Transfusion of a saline fluid has saved several lives in danger from syncope of hæmorrhage. Death in these cases seems due to too small a quantity of fluid in the vessels; so that the heart cannot propel enough fluid, and is not due apparently to the want of nutritive fluid. This lack of quantity can be supplied by a saline fluid (Golz, Kronecker, Sander); as much as two pints should be injected. The injection restores consciousness, removes convulsions, the pulse gains greatly in strength and falls in frequency. The patient at first complains of feeling cold. I have already drawn attention to the influence of lime on cardiac muscular contraction, and the same holds good probably in respect of other muscle. I would suggest then that the saline injection should contain a lime salt, preferably lime phosphate, which is quite sufficiently soluble to sustain the contraction of cardiac muscle.

PHOSPHATE OF LIME.

This salt is of very great importance, both in health and in disease. It must be ranked among the most valuable and necessary foods, being probably as essential to proper growth and nutrition as the nitrogenous and fatty foods. Observations have abundantly proved its physiological importance. It gives solidity to the skeleton; hence if the quantity supplied to the body is small, or if the demand for it is greater than the supply, these solid structures suffer and lose their rigidity. Chossat produced softening of the bones of animals fed on food free from lime-salts; while, during pregnancy, much phosphate of lime being required for the ossification of the skeleton of the fœtus, it is found that the fractured bones of pregnant women unite slowly and imperfectly. Some experiments by Milne-Edwards bear practically on this point, for he found that animals' bones intentionally fractured united more quickly when the animals were supplied with phosphate of lime.

The urine of pregnant women is said to be deficient in lime salts, but on this point the evidence is very discrepant.

The cardinal importance of this essential food to the soft and growing tissues is to promote cell-growth and nutrition; and that this is a very feasible conclusion the following considerations tend to show:—

1. The presence of this salt throughout the body.

2. Its presence in much larger proportion in the intercellular fluid of the body than in the blood itself.

3. The fact that in herbivora the intercellular fluid is as rich in this salt as it is in carnivora, though the vegetable-feeders take so little of it with their food; hence it must be carefully retained in the intercellular fluid for some important purpose.

4. Smith's observations show that a certain quantity of phosphate is required to supply the first basis for the new tissues, even in the case of those organs which subsequently exhibit an excess of carbonate of lime, as the shells of animals; an observation showing that phosphate of lime is necessary to initiate growth, and, in this respect, is not interchangeable with the carbonate.

5. Wherever cell-growth is active, there is phosphate of lime in excess—a statement holding good both with regard to healthy and diseased growths; for this salt is found to prevail in disease associated with rapid formation.

With regard to the second and third points, it must be borne in mind that phosphate of lime is soluble in acids, and, as the intercellular fluid is acid, we should expect that the phosphate would accumulate in it.

Theoretically, it might be supposed that abundant data exist to enable us to forecast the occasions when to employ this salt remedially; it would be rightly assumed that in defective nutrition, or deficient cell-growth, the phosphate of lime would prove serviceable. Certain hypothetical objections have, indeed, been urged against the employment of this salt. The fault, it is has been said, is really not due to deficiency of lime, but inheres in the tissues, which fail to assimilate it; that in cases of defective cell-growth and of malnutrition, the quantity of the phosphate in the urine is unusually great; and, consequently, our efforts should be directed to remove the circumstances which check assimilation, for it is as little reasonable to treat diabetes with sugar as a diabetes of phosphate of lime with phosphate of lime. Some truth no doubt there is in these strictures, and too much attention cannot be paid to the hygienic conditions favourable to assimilation—good air, abundant light, and sufficient exercise. The case before us is more analogous to anæmia than to diabetes; and we give iron with decided benefit in anæmia where this condition is due, not to want of iron in the food, but to the non-assimilation of it by the tissues. The efficacy of phosphates, however, must be decided by experience, and experience speaks

abundantly in their favour. Beneké, to whom on this subject we owe much of our knowledge, both physiological and therapeutical, has shown that phosphate of lime is especially useful in those very diseases wherein it occurs in excess in the urine, as hectic and chronic wasting disease.

This salt is of great use in the anæmia of young and rapidly-growing persons, and women weakened by rapid child-bearing, prolonged suckling, or excessive menstruation. In checking chronic tubercular and non-tubercular diarrhœa, and other profuse discharges, as in leucorrhœa, chronic bronchitis and large abscesses, it is a valuable remedy, effecting in these states both general and local improvement. Beneké speaks highly of its influence on scrofulous sores. It is useful also in caries of the bones.

This salt is apt to be deficient in town-dwelling women, who improve under its administration; an increased quantity, too, finds its way into the lime-lacking milk of a suckling mother, who with her child are thus simultaneously benefited.

Persons in broken health from prolonged town life or overwork, or who from other causes are languid, hipped, and incapable of much exertion, often derive much benefit from this medicine. In cases like this, a good formula is a grain of phosphate of lime, phosphate of iron, and carbonate of lime; but phosphate of lime will act admirably by itself. This medicine is useful in the chronic forms of phthisis with little or no fever. It should be taken on the tongue either dry or mixed with a little milk.

No reasonable doubt can, I think, be entertained of the efficacy of phosphate of lime in many cases of rickets.

It has been sought to establish a connection in all cases between rickets and a deficient supply of lime; it is urged, firstly, that rickets commonly occur during the first dentition, when much lime is required by the growing teeth, and, secondly, that rickets affect the children of mothers in just that state of ill-health in which it has been established that the milk is deficient in lime. There may be much truth in these statements: but, as in many cases of rickets an excess of lime is found in the urine, the disease in such cases cannot be held to depend on a deficient supply of the salt, but must be due to other circumstances, with which, at present, we are only partially cognizant. In cases where the disease is dependent on deficiency of phosphate of lime, its administration is obviously all that is required.

A deficiency of lime and phosphoric acid in food does not produce in animals the changes characteristic of rickets, but the bone becomes fragile.

In rickets, moreover, there is not merely deficient ossification of the bones, but unnatural growth and defective nutrition, both in the skeleton and in the other textures. The phosphate of lime appears

to control this defective and perverse nutrition, and to induce healthy growth, so as not merely to favour the consolidation of the skeleton, but to improve the condition of the soft organs, and experience shows abundantly that many rickety cases are benefited more decidedly by lime-salts than by any other single drug.

German authorities, who have studied this subject most attentively, consider that the fittest time to give this remedy is after the cessation of the active stages of the disease, that is, when the pains and tenderness of the bones have disappeared.

It is well to repeat a caution against the uselessness of administering this or other lime-salts in large quantities, for, owing to their very low diffusion-power, very little passes into the blood. A grain, or two grains, several times a day, is a sufficient dose. Given in excess, it hinders digestion.

Phosphate of lime in the stomach must be variously affected by the free acids, since lactic, hydrochloric, and, in a lesser degree, acetic acid, dissolve it.

Most of the phosphate passes into the intestines, where, if the salt is too long administered, it is liable to form concretions. Being unaffected by the pancreatic and biliary secretions, and but slightly soluble in the intestinal juice, most of the phosphate passes off with the stools.

Phosphate of lime is highly recommended in various forms of chronic diarrhœa, and especially in that of young children, to whom it may be given with carbonate of lime and lactate of iron. Whether the beneficial effects are due to its direct action on the mucous membrane, or take place after absorption, in the manner previously described, our present knowledge does not enable us to decide.

Being soluble in the acids of the gastric juice, and to some extent in solutions of common salt, its passage into the blood takes place probably in several ways. It has, however, been doubted whether any portion, if uncombined with food, passes into the blood, since no augmentation of this salt is met with in the urine; nay in some cases it seems even lessened. The observations on this point are, perhaps, too scant to set the question at rest.

Much phosphate is taken, either in combination with the food, or so intimately blended with it that it is well-nigh impossible to separate it from the tissue-forming substances, and so it finds ready entrance into the blood, with the digested materials constituting the chief, and, in ordinary cases, the only source of phosphate of lime for the supply of the system. That so alkaline a fluid as the blood is capable of dissolving the phosphate is explained by its solubility in solutions containing free carbonic acid or common salt.

HYPOPHOSPHITE OF LIME, HYPOPHOSPHITE OF SODA.

Dr. Churchill recommends these drugs in phthisis, and his statements regarding their action have for the most part been upheld by Dr. Thorowgood and some other observers.

Dr. Churchill commences with a grain, and increases the dose to six or seven grains a day, giving it in the form of syrup or pill. Dr. Thorowgood gives a grain three times a day in the form of syrup. In too large doses it may produce weakness, sleepiness, headache, giddiness, noises in the ears, loss of appetite, colic, diarrhœa, and even bleeding from the nose and lungs. Dr. Churchill administers these agents uncombined, and cautions against giving them with iron, cod-liver oil, or stimulants. It is said that the hypophosphites increase appetite and digestion; promote the formation of the blood; lessen cough and expectoration; relieve pain in the side, and diarrhœa; and often effect a cure. They are said to be more useful in the first than in the second stage; and in the second than in the third stage; and when only one lung is affected—a statement sufficiently obvious and applicable indeed to every remedy, Thorowgood says they are more successful with young than with old people. These remedies are also recommended in nervous and general debility; teething; spermatorrhœa; chlorosis; and anæmia.

CHLORIDE OF POTASSIUM, CHLORIDE OF SODIUM, CHLORIDE OF AMMONIUM.

These substances, having many chemical and therapeutic qualities in common, have been grouped together; but the remarks in this section refer mainly to chloride of ammonium.

These salts are freely soluble, and possess high diffusion-power. The saltish taste common to them all is in the case of chloride of ammonium, somewhat disagreeable, and constitutes one of the objections to its use.

These chlorides considerably increase the secretion from the mucous membrane; and may indeed even excite catarrh. This is notably the case with chloride of ammonium, which is consequently employed chiefly when it is proposed to influence the mucous membrane. How do these chlorides promote the formation of mucus?

Let us take the instance of common salt. Chloride of sodium is a large constituent of mucus, and salt, when taken into the system, probably promotes the production of those secretions of which it forms a large part. It is, indeed, a food to the mucous membranes. This suggestive hypothesis may possibly apply in the case of other members of this group. These substances, especially sal ammoniac, are sometimes employed in catarrhal conditions of the intestines, to prevent the formation of that thick tenacious mucus which forms a convenient nidus for the various worms infesting this canal.

Dr. Rutherford's experiments with fasting dogs lead him to the conclusion that common salt very slightly increases the secretion of bile.

Owing to their high diffusion-power, these salts pass rapidly into the blood, and so travel along the intestines too small a distance to act as purgatives; hence, unless administered in considerable quantity, they exert very little influence on the character of the motions.

Common salt is used to produce sickness, or to promote the action of other emetics. Given in poisoning by nitrate of silver it effects a double decomposition, precipitating the silver as the harmless insoluble chloride.

Chloride of ammonium is often given with considerable success in chronic catarrhs of the bronchial, intestinal, and urinary mucous membrane. It is indicated in bronchitis when the secretion is thick and abundant, and it may be applied topically to the morbid mucous membrane of the respiratory tract by the atomizer. It should be given in twenty-grain doses every three or four hours, adding it to milk; or, still better, mixing a drachm of liquid extract of liquorice with each dose, freely diluting it with water, and thus concealing its disagreeable taste. It is recommended in catarrhal jaundice. It certainly appears to be very useful in the congestive stage of cirrhosis. It is largely employed in India in hepatic congestion and abscess.

The same remedy has been lauded for whooping-cough. It is said to be frequently successful in removing the pain of facial neuralgia "of rheumatic character." It should be given in half-drachm doses, and if, says Sir T. Watson, four doses fail to give relief, the drug may be considered unsuitable for the case. In full doses, several times a day, I have many times found it useful in facial neuralgia. Dr. Anstie speaks well of it in migriane, clavus, myalgia, intercostal, and hepatic neuralgia, and in mild forms of sciatica.

Many doctors employ this salt in all forms of neuralgia; and I have heard some eminently practical men go so far as to assert that in this painful affection they require no new remedy, since chloride of ammonium so rarely fails in half-drachm doses several times a day.

Chloride of ammonium is given with advantage in headaches due to menorrhagia, amenorrhœa, &c.

Common salt sometimes arrests hæmoptysis. Half a teaspoonful should be taken undissolved, and be repeated occasionally till it excites nausea.

Group containing SULPHATE OF POTASH, SULPHATE OF SODA, SULPHATE OF MAGNESIA, PHOSPHATE OF SODA, TARTRATE OF POTASH, BITARTRATE OF POTASH, TARTRATE OF POTASH AND SODA.

With the exception of the sulphate and bitartrate of potash, these substances are freely soluble in water.

The sulphates have a very disagreeable bitter taste, which in the phosphate of soda is but slight, and in the tartrates is absent.

They are all purgative, producing watery evacuations.

They have little or no affinity for animal textures, or much attraction for water, whence they effect few changes in the organic constituents of the body.

While they all act as purgatives, producing watery evacuations, they excite very little irritation in the mucous membrane.

How do they produce their purgative effect?

Purgatives may act in one of two ways, or in both combined.

Some purge by increasing the moisture of the intestines, and so facilitating the passage of the contents along the canal; others act by increasing the peristaltic action of the intestines, so that the contents are urged more rapidly towards the rectum; whilst most purgatives combine both modes, although one action usually predominates.

The watery character of the motions shows without doubt that, in part at least, these drugs purge by augmenting the moisture of the contents of the intestines—an augmentation effected in three ways: by causing water to flow from the blood into the intestines; by exciting the mucous glands of this tract to increased secretion; or by effecting the retention of the water already present in the intestines. Buchheim concludes, from his careful observations, that these salts purge solely in virtue of their power to retain in the intestines the water existing there, producing no flow of fluid from the blood, no increased secretion from the mucous glands, shown by the fact that, after purgation with these medicines, no albuminous substances are found in the fæces.

Thiry and Radziejewski conclude that these salts and other purgatives act by increasing the peristaltic action, especially of the large intestine. Brunton has shown that a solution of sulphate of magnesia does cause fluid to pass from the blood to the intestine, for, when a solution of sulphate of magnesia is put into a knuckle of in-

testine secured at both ends, it is found that after some hours the contents of the bag are increased, and the question arises whether this augmentation is due, according to the old view, to simple osmosis from the blood, or is due, as Brunton thinks, to stimulation of the mucous membrane of the intestine. When we bear in mind how an irritant like snuff or pepper applied to the nose and eyes causes a copious flow from these parts, we can easily conceive that stimulation will cause a copious outpour into the intestine. Moreau has shown that section of the intestinal nerves causes a free serous exudation into the intestine, but it does not appear that paralysis of these nerves explains the purgative action of salines. The stools provoked by salines do not contain albumen, as they would were the excess of water they contain due to serous exudation.

In an elaborate and valuable paper, Dr. Matthew Hay has re-investigated the mode by which saline cathartics act. His experiments show that saline purgatives act by exciting an increased secretion from the mucous membrane, chiefly of the small intestine, and the increase in the contents of the intestinal canal is not due to an increased pancreatic or biliary secretion. This increase in the quantity of fluid in the intestine is a true secretion, and not due to inflammatory irritation nor to osmosis, for the intestines are not congested, and the fluid in the intestines only contains a trace of albumen, and the quantity of fluid in the intestines a short time after the administration of the saline, compared with the quantity of salt absorbed, is far too large to be explained by osmosis.

The saline passes rapidly along the small intestine to the colon, and almost the whole of the fluid reaches the colon of a fasting animal in an hour. Food probably delays the passage of the fluid, and so weakens the purgative action.

The saline is absorbed by the small intestine, but excreted by the colon, hence whilst the fluid is in largest quantity in the small intestine and becomes rather less as the contents pass downwards, the salt is less in the small intestines, and is in larger quantity in the colon. The purgative action is not, however, caused by the secretion of the saline by the colon, for, when injected into a vein, sulphate of soda and sulphate of magnesia do not purge.

He finds the absorption of these salts very slow from the stomach, but rapid in the small intestines.

Magnesium sulphate he finds much more poisonous to the respiratory centre and the heart when injected into a vein than sodium sulphate.

Like other purgatives, these salts are used to evacuate the bowels, to remove water and poisonous matters from the blood and to reduce blood-pressure. As simple evacuants, they prevent contamination of the blood by removing the alkaloids and other poisonous substances generated from the fæces in the intestine.

Owing to their increasing secretion from the intestines and their influence in retaining fluids in the intestinal canal, these salts remove impurities, like those which occur in uræmia, jaundice, &c. Further, by freely removing fluid from the blood, and by dilating the abdominal vessels, they lower blood pressure. Hence saline purgatives are often used with advantage in bleeding from the lungs.

An excellent way to administer some of these salts is in the form of Pullna, Friedrichshall, or Æsculap water, in doses varying from a wine-glassful to half a tumblerful or more. Usually one dose before breakfast is sufficient; if not, a second, and even a third, dose may be taken in the course of the day. It is advisable to mix the natural water with a third, or an equal quantity of boiling water; for when taken cold, it is sometimes liable to "lie heavy on the stomach." Usually a wine-glassful of one of these waters, with an equal quantity of hot water, is sufficient to open the bowels without much griping or pain.

A wine-glassful of Friedrichshall water in a breakfast-cupful of hot water is very useful in bilious sick headache. The best time is before breakfast, though it is useful at any time. It stays the nausea and soon relieves the headache, sometimes without purging. The taste of this mixture is not very disagreeable. Pullna or Friedrichshall water mixed with milk is a good purgative for children, the milk disguising the bitterness.

An orange or two eaten before breakfast is a pleasant and often effectual way of overcoming moderate habitual constipation; and sometimes, indeed, this plan overcomes the most obstinate forms. Another good means of obviating constipation is to take a glass of cold water before, and an orange soon after, breakfast, and if oranges before breakfast disagree, they should be taken soon after it.

Stewed rhubarb, or stewed gooseberries, cooked or uncooked apples, are effectual; grapes and strawberries, on the other hand, are often useless. Strange to say, we occasionally meet with people in whom fruit causes constipation. Again, we see individual peculiarities in respect of fruit. Thus, some are made bilious by oranges or strawberries; some are constipated by strawberries, whilst other fruit relaxes.

There are many persons, especially busy, worried men, whose comfort and well-being seem to depend on an efficient daily evacuation of the bowels. If they pass a day without relief of the bowels, or if the defecation is delayed to the after part of the day, they suffer from mental dulness and inactivity, a kind of fogginess, with much irritability, and perhaps a dull, "stupid headache. They are quite conscious of their irritability, but cannot well control it. Directly the bowels act freely, these symptoms vanish at once, the head clears, the spirits revive, the ill-temper disappears, they recover their full mental capacity, and in a short time longer, perhaps half

an hour or an hour, the headache disappears. With many such patients the constipation is not obstinate, but they pass daily a hardened, dry evacuation, insufficient to give comfort. Porridge, brown bread, whole-meal bread, and exercise are generally sufficient to overcome the constipation. If not, then fruit before or after breakfast should be tried, and this failing, the natural purgative waters will often prove useful.

Carlsbad waters are eminently useful in many abdominal diseases. The imported waters are especially efficacious when a dietary is adopted similar to that enjoined at Carlsbad. The water should be warmed to about 100° to 110°, and the patient must drink three to six tumblerfuls before breakfast, prolonging the drinking over an hour or more, and if possible, whilst taking exercise in the open air. Dr. Stephen Ward says, "Even when first taken, and in moderate quantity, they usually cause pulpy slimy stools of dark colour and offensive odour. These stools are generally frequently repeated, and the patient is astonished at the quantity that sometimes comes away, but in many persons no very evident symptoms beyond the purgative action attend the drinking of the waters." I have rarely seen them purge, because, perhaps, I have chiefly used them in obstinate constipation. The quantity to be taken depends on their effects. It is better to begin with three tumblerfuls and gradually increase the quantity to four, five, or six, according to the action. This treatment must be continued three weeks or a month. It often induces some weakness. It reduces stoutness, and sometimes even makes a patient very thin. But if it produce much depression, or excite nervous symptoms, a smaller quantity must be taken, and the course must be limited to a fortnight or three weeks. The good effects are sometimes not apparent till a week or so after the course. The diet at Carlsbad is extremely simple. "Fat, butter, cream, pastry, cheese, rich meats, as pork, goose, sausages, salmon, mackerel, herrings, anchovies, entrées, and other dishes seasoned with spices, pepper, onions, garlic, &c., are to be avoided. Dressed salads, cucumber, and uncooked fruit generally are objected to as being indigestible, and likely to cause flatulence and irritation of the bowels. The use of spirits is obsolutely forbidden, and the wine of the country, or the lighter French wines are permitted only sparingly, and in cases especially requiring a certain amount of stimulus. The breakfast, which is usually taken about an hour after drinking the last cup of water, consists merely of weak tea or coffee, with milk and a little sugar, and small well-baked rolls, or second day's bread; meat, fish, or eggs being excluded, except for the very delicate. The dinner, which takes place at one, consists of but three courses; soup, free from grease and spices, and thickened with barley, rice, or vermicelli; meat, as beef, mutton, lamb, poultry, or game, with well-boiled, fresh vegetables; and a light, simple pudding, or a compôte of stewed fruit:

a cup of coffee may be taken in the afternoon; a light supper is taken at eight o'clock: and smoking in moderation is not objected to." (Dr. Stephen Ward.)

This treatment is extremely useful in obstinate habitual constipation, and by its means I have cured some of the most rebellious cases. In such instances it may not relieve the bowels for some days, indeed even a week may pass without relief; in other cases it at once produces one or two soft, copious, natural evacuations, and on discontinuing the water, the bowels act daily. After some months, however, a recourse to the waters may again become necessary, owing, generally, to some fault in the patient's habits. In cases of simple, obstinate constipation, it is not necessary to enforce very strictly the rigorous Carlsbad regimen just described.

Again, in cases like the following, Carlsbad waters are very useful:—A middle-aged woman, accustomed to eat and drink somewhat too freely, suffers from acidity, much flatulence, constipation with attacks of pain at the epigastrium, or over the liver, or between the shoulders, the conjunctiva becoming rather jaundiced, and the complexion sallow. In a case like this, a well-regulated diet greatly assists the action of the waters. This treatment is also very useful in gall-stones and gout. It is the most successful treatment for the removal of gall-stones, and the prevention of their formation. Patients sometimes say they have tried Carlsbad waters without good results, when they have simply taken Carlsbad salts dissolved in a small quantity of water. In such a form the Glauber salts purge, but fail to yield the same excellent results, as when given largely diluted with water; I have no doubt that the large bulk of water plays a prominent part in the therapeutic effects.

Some members of this group, as sulphate of soda, bitartrate of potash, and tartrate of potash and soda, owing to their hydrogenic action, are largely used in general dropsy, both cardiac and renal. Owing to their action in largely increasing intestinal secretion, and to a less extent to their action in retaining fluid in the intestinal canal, they lessen dropsy, and so free in some measure the water-logged organs, and thus remove many distressing symptoms; for instance, in the case of Bright's disease, the fluid withdrawn from the blood holds in solution some of the deleterious matters that produce uræmia. These purgatives, therefore, purify the blood, and thus assist in controlling coma, convulsions, headache, sickness, &c. It must, however, be borne in mind that often repeated purgation is weakening, and may, by increasing anæmia, actually subsequently increase dropsy.

The purgative action of these salts is most marked when administered in a concentrated condition, and Hay advises giving six drachms to an ounce of sulphate of magnesia in an ounce of water before food, and directs abstention from fluids for some time afterwards. This treatment withdraws much water from the blood-

vessels, and speedily reduces dropsies, general rather than local. He recommends this treatment in pleuritic effusion.

A brisk purgative frequently promotes free and abundant secretion from the kidneys, either when healthy or diseased; and herein we have, perhaps, further elucidation of the good effects of these remedies in Bright's disease.

Some member of this group, generally either sulphate of magnesia or phosphate of soda, is often given as an intestinal evacuant in fever; hence they are reputed to be febrifuge. But their action is due simply to the unloading of the bowels, since it is well known that constipation augments the preternatural fever heat.

For fever patients, Dr. Armstrong strongly recommended free purgation, to the extent of several evacuations daily, during the first few days, before exhaustion sets in. This treatment still finds just favour with many practical authorities, although it is not approved by Dr. Graves. It is considered that free purgation in scarlet fever prevents severe sore-throat, glandular swellings, discharges from the nose and ears, with many other disagreeable sequelæ.

In measles, purgatives must be given with caution, the bowels being generally irritable, and often diarrhœa.

Rutherford from his experiments with fasting dogs, finds that phosphate of soda is a powerful cholagogue, not merely emptying the gall-bladder and biliary ducts, but actually increasing the secretion of bile. Sulphate of potash and Rochelle salts he finds moderate cholagogues, whilst sulphate of soda is only a feeble hepatic stimulant. Strange to say, he finds that sulphate of magnesia produces no effect on the liver. It is interesting to observe, that sulphate of soda is the chief ingredient in Carlsbad water, so largely used for its action on the liver.

Dr. Bartholow speaks highly of phosphate of soda in catarrhal jaundice; a drachm three times a day to adults, ten grains for children. He commends it also in hepatic colic, to prevent the formation of gall-stones. In biliary colic the treatment should be persisted in for several months. He also strongly recommends ten grains several times a day in milk, passing the pasty white stools of ill-conditioned children.

On account of the low diffusion-power of these salts, very little passes into the blood, the greater part, especially when they purge, passing from the system with the fæces. Small doses, if they tarry long in the intestines, ultimately pass into the blood, and are separated by the kidneys. They are reputed to act as diuretics. The tartrates of this group are highly esteemed as excellent diuretics in Bright's disease, and are often employed in doses short of purging. The tartrates and bitartrates are converted into carbonates, partly in the intestines, and partly in the blood. They thus lessen the acidity of the urine, or even render it alkaline. Except in the case

of phosphate of soda, the action of these salts on the constituents of the urine, either in health or disease, has not yet been worked out.

The salts of this group most frequently employed are the bitartrate of potash, sulphate of magnesia, and phosphate of soda. This phosphate, well-nigh tasteless, may be given to children, unsuspected, in a little broth.

Like other purgatives these salts often act quicker and with greater certainty in small and frequently-repeated doses. Hence, when the bowels are tightly locked up, having resisted the action of a full dose of Epsom salt, it is a good practice to give the same remedy in small and often repeated quantities, as a drachm every hour or two hours.

It should be mentioned that sulphate of potash must be given with some caution, for, although usually a safe and mild purgative, it has proved in some cases poisonous, potash salts being far more poisonous than soda or magnesian salts.

NITRATE OF POTASH, NITRATE OF SODA.

These salts possess a very high diffusion-power, and are freely soluble in water. They lower the temperature of water, an effect very considerably increased if sal ammoniac is mixed with the nitre. This combination of salts used to be applied to the skin as a refrigerator, though now it is rarely so employed, and is to be especially avoided if the skin is broken, as solutions of the nitrate are very irritating to the wounds. Ice is in every way a better refrigerator.

The inhalation of the fumes of burnt nitre paper will sometimes avert the paroxysm of asthma. According to Dr. Hyde Salter this treatment is most effectual in pure uncomplicated asthma. He points out that the paper must not imbibe too much nor too little nitre. If the bibulous paper is too thin, it absorbs insufficient nitre; if too thick, it takes up excess of nitre, and the fumes are too carbonaceous, the paper burning too fast, with a sudden explosive flame. There should be no brown smoke, but clear white fumes. Red blotting paper of moderate thickness and loose texture is best. Dr. Salter gives the following directions for the manufacture of nitre-paper:—Dissolve four ounces of nitre in a half a pint of boiling water: pour the liquid into a small waiter and soak the paper, then drain and dry it. Cut it into pieces four inches square, and

when required burn one or two of these pieces, or a piece may be burnt nightly in the bedroom. The prepared paper must be kept in a dry place. In the Pharmacopœia of the Throat Hospital, Sir Morell Mackenzie gives the preparation of three papers of different strength, one made from a solution containing sixty grains, another forty grains, and the third thirty grains of nitre to an ounce of water. He directs the paper to be cut into pieces three inches long and half an inch broad, and one to six of these pieces to be used successively at each inhalation. The paper is burned in a jar, and the fumes inhaled by taking deep inspirations from the fuming vessel. Various substances may be added to the solution which appear in some instances to heighten the effect of the nitre, such as compound tincture of benzoin, spirits of camphor, oil of cassia, and tincture of sumbul. It is a singular circumstance, affording a marked example of the "caprice" of asthma, that a paper prepared with nitre only will relieve one patient, yet will utterly fail to relieve another, although a nitre paper prepared in a different manner may be quite successful. It must be borne in mind, therefore, that although one kind of nitre-paper has failed, it does not necessarily follow that another sort of nitre-paper will also fail. Sometimes a thin paper fails where a thick one succeeds, or *vice versâ*. It appears, indeed, that very slight differences in the mode of manufacture influence the therapeutic effects. Many quack papers said to contain other substances besides nitre, or besides nitre and chlorate of potash, often succeed admirably.

A considerable recent experience leads me to conclude that these papers would prove much more relieving if somewhat differently prepared, and if pieces were burned sufficiently large to fill the room with fumes. The most efficacious paper is made by dipping ordinary white blotting paper in a boiling saturated solution of nitrate of potash and chlorate of potash. Paper thus prepared burns with a flame. A large piece, the size of course depending on the dimensions of the room, often succeeds when other prepared papers fail. A piece ten inches square, and sometimes two or three pieces are required. When ordinary papers have failed, I have recently used in some cases with advantage a pastile compounded of two parts of nitre, one part of chlorate of potash, with two parts of lycopodium powder. Dr. Murrell uses with much success a thick paper soaked in a boiling saturated solution of nitre and chlorate of potash. This thick paper, made by the adhesion of six sheets during crystallization, contains, when dry, twice its own weight of salt, and a piece of paper six inches square takes up nearly half an ounce of the mixed salt. Certain cases require a greater quantity of nitre smoke than others. I am convinced that the reason why papers appear in so many cases to fail, is that they are not adequately impregnated with nitre, and are consumed too sparingly.

The crystals of nitre have a cooling saline taste, and in acute inflammation of the throat are sometimes sucked, but other remedies are preferable.

In large doses the nitrates inflame the stomach. Even when taken for some time in moderate quantities they considerably disorder digestion, producing nausea, vomiting, and a coated tongue; consequently their action must be carefully watched.

From their high diffusion-power these salts speedily enter the circulation. Unless, indeed, large quantities are taken they pass but a short way along the intestines, and therefore do not purge, and, indeed, so far as we know at present, exert little or no direct influence on either the small or large intestines.

Much conjecture has been hazarded regarding the action of the nitrates on the blood. It is well known that they prevent the coagulation of the fibrin in blood withdrawn from the body, or, when coagulated, dissolve it. Scherer, however, asserts that they will not dissolve the fibrin of inflammatory blood. These facts have led to the supposition that the nitrates may possess a like influence over fibrin in the circulation, and that they are indicated when this substance is in excess, as in inflammations and acute rheumatism. There is no proof, however, that the nitrates possess any such power, and, indeed, unless employed in considerable quantities, they exert very little influence upon fibrin out of the body. Hence it cannot be expected that after its dilution with the fluids of the circulation, harmless doses can in any way influence the fibrin of the blood. But, indeed, this notion is no longer tenable, for it has been ascertained that blood withdrawn from the body, both before and after the administration of nitrate of potash, contains in each case the same quantity of fibrin.

These salts are considered to be highly useful in acute rheumatism, and are supposed to protect the valves of the heart, or to restore them to their natural state when damaged by rheumatism—a supposition founded on a misapprehension of the morbid processes which lead to valvular contraction and incompetency. These structural changes, it was imagined, resulted from the depositions of fibrin on the surface of the valves, and the subsequent contraction of this substance rendered them shrunken and inefficient, the truth being that these changes in the valves are owing to inflammatory products formed in their own substance. Occasionally, it is true, fibrin is deposited on thickened and roughened valves, but even this, as has just been pointed out, these salts can neither prevent nor remove.

While it must be admitted that these salts do not act in the way supposed, many high authorities consider that nitre mitigates and shortens an attack of rheumatism. The advocates of nitre administer it in large doses, freely diluted in water, giving as much as half an ounce to an ounce of the salt in the course of the day in

lemonade or barley-water agreeably sweetened. The urine, it is said, becomes very abundant when the fever declines, and the pains abate. At present there are no observations sufficiently exact to determine this point. Nitrates are now quite superseded by salicylate of soda in acute rheumatism.

The same discrepancies of opinion prevail regarding the influence of the nitrates on acute inflammation.

Large doses produce pains in the stomach, with vomiting and diarrhœa, great weakness, faintings, loss of consciousness, and death. The same symptoms are witnessed in a minor degree, when less immoderate quantities are used. The patient becomes languid, disinclined to exert either body or mind, and the pulse is feeble and slow.

These salts readily pass from the body through the kidneys with the urine, and in their passage may irritate and inflame the urinary organs, and in large doses may even produce bloody urine.

Nitrate of potash has been recommended in the incontinence of urine of children.

In some quarters they enjoy a very high reputation as diuretics, and in certain cases appear to be of considerable service. Their diuretic action is well displayed in lumbago and chronic rheumatism; accompanied by scanty high-coloured urine, which becomes turbid on cooling. Ten grains of the salt dissolved in water, taken hourly or every two hours, will in some cases soon increase the urine, and render it clear and limpid, when the rheumatic pains generally decline.

CHLORATE OF POTASH.

In many of its chemical properties Chlorate of Potash corresponds to the preceding group of nitrates; like them, endowed with a high diffusion-power, it differs in its sparing solubility.

A solution of the chlorate, used as a wash, is said to clean and stimulate foul ulcers; but other remedies are more effective.

This salt appears to increase the flow of the saliva, and according to Hutchinson and others, to produce ulceration of the mucous membrane of the mouth. It is largely used in various affections of the mouth, and is of signal service in mercurial and simple salivation, in ulcerative stomatitis and aphthæ. It is particularly useful in the ulceration of the edges of the gums, generally limited to one side of the mouth, affecting both the upper and lower jaws, also that part of the tongue and cheeks coming in contact with the ulcerated gums.

Although not at all dangerous, it is often a very obstinate complaint, especially with adults, though children are most prone to it. The influence of the chlorate on this form of ulceration is almost magical; in one or two days it cleans the dirty-looking ulceration, and heals it in a day or two more. It is said to cure follicular and phagedenic ulceration like a charm. Dr. Lloyd Roberts says, that chlorate of potash, taken internally, and used as a lotion, is useful in the teazing dryness of the mucous membrane of the throat left after diphtheria and scarlatina.

It is largely used in full doses in diphtheria, acute sore-throat, and scarlatina.

Dr. Leonard Sedgwick speaks highly of chlorate of potash in catarrh; he says, it quickly relieves stuffing of the nose, rawness of the throat, and thickness of voice. Taken early and frequently, it will stop many a cold. Eight or ten lozenges should be sucked in the twenty-four hours.

Some assert that the action of chlorate of potash is simply local, attributing its good effects solely to its topical application. When administered by the stomach, it is largely excreted by the salivary glands; hence after absorption its topical action in the mouth and throat persists.

Chlorate of soda is more soluble than chlorate of potash, and appears to be equally serviceable.

Chlorate of potash seems to produce but little effect on the stomach, unless taken in considerable quantities, when, like the nitrates, it inflames the mucous membrane, and produces both vomiting and diarrhœa. It is not employed in diseases of the stomach.

Owing to its high diffusion-power it passes readily into the blood, but owing to its slight solubility, a large quantity of this salt cannot find its way quickly into the circulation. Nevertheless, it has proved poisonous, especially in children. In poisonous doses, as half an ounce to an adult, it inflames the gastro-intestinal canal and excites violent vomiting and profuse diarrhœa, acting like nitrates and some other substances. It profoundly modifies the blood corpuscles, changing the oxyhæmoglobin to methæmoglobin, and induces cyanosis with cardiac weakness, sometimes delirium, coma with cramps, and a peculiar stiffness of the extremities. It also disintegrates many of the red corpuscles, and the colouring matter with albumen, and some blood corpuscles, escape with the urine, the colouring matter existing in part as methæmoglobin and in part as oxyhæmoglobin. The urine also contains the colouring matter in the form of granular red or brownish red casts. The quantity of the urine is diminished; it therefore induces a condition quite similar to paroxysmal hæmoglobinuria. Small ecchymoses sometimes appear in the skin, and general jaundice sometimes occurs. Owing to the gastro-intestinal catarrh

the patient complains of pain and tenderness of the abdomen. The liver is also enlarged. At the post-mortem the blood is found of a chocolate colour, the liver and spleen are enlarged, and with the marrow of the bones, contain much *débris* of the disintegrated red corpuscles. Nephritis is also present, and the kidney tubules are full of brown casts.

As this salt easily parts with oxygen, it was at one time supposed that, by yielding up this element to the blood and tissues, it might promote oxidation ; but careful observations have conclusively proved the erroneousness of this view, as the salt can be obtained unaltered from the urine.

It has been recommended in facial neuralgia.

Its influence, if any, on the organs of the body is unknown. Half an ounce to an ounce of a saturated solution containing five to ten drops of laudanum is very useful as an injection for inflamed and painful piles.

ALUM, DRIED ALUM, ACETATE OF ALUMINA.

These salts are employed almost exclusively as topical astringents.

They act as astringents in virtue, it is supposed, of their capacity to unite with albumen, and coagulate it.

They produce no effect on the entire skin ; but when applied to sores, they coagulate the albumen of the pus, mucus, or of the tissues themselves, thus coating the sore with an impermeable layer, and protecting it from the action of the air. Like the salts of many other metals, alum may be used to form this protective coating. These agents have a further action than that just described ; for, as just stated, they act as astringents by combining with and condensing the tissues. The topical application of alum contracts the blood-vessels, and lessens the supply of blood to a sore. By constringing the blood-vessels, and by condensing the tissues themselves, the members of this group will depress the vital action of a sore, and so check the secretion of mucus or pus. For this purpose alum is applied dry or in solution, to relaxed and abundantly secreting sores.

In such cases other astringents generally succeed better.

Alum solutions may be applied to free-weeping eczematous surfaces to check profuse discharge, and to bring the eruption into a condition suited for other remedies. Like other astringents, alum is generally insufficient to heal eczema.

Owing to their property of condensing tissues and coagulating albumen, these substances may be used to control the milder forms of bleeding, and alum in an emergency has the advantage of being almost

always at hand. In severe hæmorrhage other treatment is of course required, but to check the bleeding of the gums, of piles, leech-bites, or slight cuts, alum dusted on the affected part, first wiping it dry, or applied in a pretty strong solution is generally sufficient.

In epistaxis, alum may be injected into the nose, or may be snuffed up as the dried powder.

In strong solutions (six grains to the ounce) alum has been recommended, though it is little used, in prolapsed anus or uterus.

In vulvitis of children, few remedies can be compared to alum used in the strength of sixty grains to a pint of water, and frequently applied, every hour or oftener, by the help of a syringe, to the secreting surface, first washing away the pus with warm water and then applying between the parts a piece of lint soaked in the lotion. Although generally successful, this treatment sometimes fails to check this troublesome complaint, even when it cannot be traced to any irritation, as worms, constipation or teething. In some cases the discharge, besides coming from the surface of the vulvæ, is poured out from the lining membrane of the vagina, when it is necessary to take care to pass the injection up the vagina. Want of attention to this fact explains the occasional failure of treatment and apparent obstinacy of the case. The solution just recommended may sometimes prove too strong, increasing both the inflammation and the discharge, when, of course, its strength must be reduced.

Similar solutions are useful in chronic otorrhœa, but alum is far inferior to glycerine of tannic acid.

A solution of alum, of the strength of eight grains to the ounce of water, is an excellent solution in simple, and especially in purulent, ophthalmia of children. The conjunctiva must be well washed with it every quarter of an hour, for success depends on the frequency of the application. Simple water, as frequently applied, is a useful, although inferior, substitute.

Few substances are as useful as alum in certain diseases of the mouth. Thus, in simple ulcerative stomatitis—that form, which, beginning at the edge of the gums, and never spreading far beyond, is often limited or most marked over one-half of the jaw—gives way in a few days to dried alum applied with the finger many times a day. It is not merely astringent; but from its attraction for water (which it has lost by being heated) it is also slightly escharotic, and gently stimulating to the indolent tissues. Ulcers like these produce ulceration by contact with the contiguous mucous membrane of the tongue or cheek.

Aphthous ulcers, showing but little disposition to heal, or indeed, tending to spread, may be touched with dried alum a few times a day with the best effect. Usually, no such application is required, and chlorate of potash, and perhaps a purgative, are all that is necessary. Other forms of ulceration may be treated in the same way. Alum is

recommened to be applied to the throat, either dry or in solution, in simple or scarlatinal sore-throat, in tonsillitis, and even diphtheria. Alum being now little used in any of these cases, its advocates, perhaps, exaggerated its good effects.

It is asserted that ten grains of powdered alum, placed dry on the tongue, will sometimes arrest a paroxysm of asthma.

Gargles of alum are more useful in chronic inflammations of the throat, when the mucous membrane is relaxed and covered with a grey mucus or with pus; but although alum is highly useful, the glycerine of tannin is a surer and less disagreeble application.

Many cases of chronic ozœna speedily yield to a solution of alum, a drachm to the pint, applied by an irrigating tube. About a foot above the patient's head is a jug containing the solution, and in this jug one end of an elastic tube is placed. The solution is then sucked or manipulated into the tube, when the free end is placed in one nostril, and the ala of the nose pressed on it to secure it in position. Here we have a syphon, and the fluid runs from the vessel through the tube, up one nostril, round the septum, and down the other nostril, washing the sinuosities of the nasal membrane most thoroughly. The head is bent a little forward, and the mouth must be kept open, and, if properly managed, none of the solution escapes by the mouth, or runs down the throat. Even when this irrigation fails to eradicate the disease, it checks the discharge, and removes the offensive smell depending on decomposing matters. Some prefer acetate of alumina as more efficient in correcting the fœtor than simple alum. If the fœtor persist, the application should be used twice a day, or oftener. If the fœtor is very great, a weak solution of permanganate of potash or carbolic acid may be used. A wash of a solution of glycerine of tannin in water is often useful; also a saturated solution of boracic acid.

A strong solution of alum is sometimes useful in pruritis vulvæ.

Ten grains of alum to the ounce of water is used in the form of spray for chronic coughs and hoarseness.

Alum behaves in the stomach as on the denuded skin; it coagulates the albumen, and constringes the mucous membrane; and it hinders digestion by each of these processes. It will often check bleeding from the stomach, but it is inferior to other astringents. It sometimes controls vomiting. In six to ten-grain doses it sometimes checks obstinate forms of vomiting, occurring in phthisical patients, especially that form excited by coughing.

Dr. Meigs speaks very highly of alum emetics for children, and he prefers it to other emetics in croup. He gives a drachm in honey or syrup every ten or fifteen minutes, till the child vomits; but a second dose is not generally required. Alum, he says, does not weaken, and does not lose its effects so soon as antimony or ipecacuanha, but my experience by no means confirms this statement. Dr. Meigs strongly

advocates the employment of emetics in true croup, and thinks that many lives might be saved were they more commonly used and repeated oftener. In severe cases, he produces vomiting three or four times a day or even oftener. This treatment must be begun early.

Alum checks secretion from the mucous membrane of the intestines, and constipates by rendering the contents of the canal more compact and more difficult of propulsion. Alum is sometimes used in both acute and chronic diarrhœa, and it has proved useful in the diarrhœa of typhoid fever and of dysentery.

It is uncertain how far the members of this group pass down the intestinal canal, but probably not far, without being decomposed and rendered inert. Alum, extolled by many high authorities in lead colic, is said to remove the spasm and the pain, and at the same time to unload the bowels more speedily and certainly than other remedies. It is given in considerable quantities, as much as ten grains every hour. The few trials I have given this treatment have not been rewarded with success.

The long-continued administration of these substances produces loss of appetite, constipation, and at last chronic catarrh of the stomach and intestines. Large doses cause gastro-enteritis at once, with its usual symptoms.

When the acute stage of whooping-cough is over, and when there is no fever nor inflammation of the lungs, nor any irritation of the teeth, alum is an excellent remedy. In fact, it is useful only in uncomplicated cases; but in these, few remedies give more satisfactory results. It speedily reduces the violence and frequency of the paroxysms, often, indeed, at once lessening their recurrence one-half, and, in fact, it often straightway cures.

Alum checks the troublesome vomiting so often met with in whooping-cough, and much improves the appetite—effects observed sometimes even before the cough undergoes any diminution. Constipation rarely happens.

Alum may control whooping-cough simply by its astringent action on the throat, and in support of this conjecture, other astringent substances, as tannin, etc., are likewise useful (see Tannin), even when applied to the throat only. Alum itself acts best when mixed with some tenacious fluid, as gum, glycerine, or honey, so that the solution is made to cling some time about the fauces.

The alum should be given in doses varying from two to six grains every three hours, or it may be given hourly in corresponding doses. Alum is generally beneficial in the paroxysmal cough, which may continue a long time after the characteristic whoop has disappeared, and in other coughs having the same spasmodic character.

It is unknown how much of these substances is absorbed by the intestines, and conveyed into the blood, but probably not a large

quantity. The chief part escapes by the fæces, which the alum is said to make firmer and odourless.

Dr. Justin finds that a grain and a half of sulphate of alumina, one grain of bismuth, with enough extract of gentian to form a pill, to be taken night and morning, is useful in chronic constipation.

It is doubtful if alum has much effect as a remote astringent to check bleeding from the lungs, uterus, kidneys, etc., and to check profuse sweating and discharges. Alum injections, one drachm to a pint, employed in the manner directed for the injection of carbonate of soda (see Potash Group), are very useful to check leucorrhœal discharges. The alum solution constringes the parts, and sometimes causes severe cramp-like pains in the belly.

PREPARATIONS OF IRON.

Iron is a constant and necessary constituent of the body, and must be regarded as an important food.

None of the preparations of this metal applied to the skin produce any change in it. Several of the soluble salts combine with albumen on raw surfaces, sores, and mucous membrane, condensing the tissues, and constringing the blood-vessels; and, besides this astringent action, they at the same time act as stimulants or irritants, according to the strength of the application or the condition of the sore.

The organic salts are less astringent and stimulating than the inorganic; while of the inorganic, the ferric salts possess these properties in a greater degree than the ferrous salts.

Several compounds of iron may be employed as astringents and stimulants; but, when a stimulant is required, other metallic preparations are preferable. The sulphate, and especially the ferric chloride, solid or in solution, are employed to check hæmorrhage. The chloride is a powerful styptic, and readily controls the bleeding from small vessels, but it has the disadvantage of irritating the surface of wounds, and preventing union by first intention. Carbolic acid will probably supersede perchloride of iron; for this acid, properly employed, does not hinder the immediate closure of a wound.

The soluble preparations of iron have a metallic astringent taste, and act on the mucous membrane of the mouth as on the abraded skin.

Iron salts are never employed as topical agents in diseases of the

mouth; and, as they often discolour the teeth and stain the tongue black, especially when the breath contains sulphuretted hydrogen gas, arising from carious teeth, etc., they may be taken through a quill, glass tube, or reed. They are conveniently given in the form of pill.

Tincture of iron, painted over an erysipelatous surface, is a useful application. This treatment is commended in the erysipelas following vaccination.

Solutions of astringent preparations of iron, as a drachm of the solution of the subsulphate in eight ounces of water, are recommended as a spray in bleeding from the nose or lungs, and even insufflation of the powdered sulphate has been successfully employed; though one would expect this treatment would excite cough, and favour bleeding. This spray also is useful in chronic ozœna.

The effects of these salts in the stomach differ according to their properties. Some are astringent, stimulating, and in large doses irritating to the mucous membrane, as the pernitrate, the perchloride, the iodide, and the sulphate, while the remaining preparations with respect to this membrane are almost inert. If the stomach is irritable, bland preparations of iron must be chosen. It is often stated that chlorotic or anæmic patients with weak stomachs must be treated with bland unirritating preparations of iron. In some instances, no doubt, the astringent preparations are unsuited, but in most cases they produce far better results than the bland forms of iron. A pale, flabby, broad, and teeth-indented tongue, indicates almost always the need of large doses of the astringent preparations of iron. Thirty drops of the tincture, or three or four grains of the sulphate, may be given three times a day. Weak anæmic girls, suffering from pain and vomiting after food, with perhaps tenderness of the skin at the epigastrium, are often effectively treated by large quantities of the tincture of the perchloride.

The soluble preparations of iron combine with the albumen in the stomach, forming soluble protosalts, persalts and insoluble albuminates, which, however, are soluble in dilute acids and gastric juice, while the insoluble preparations are dissolved to a variable extent in the acids of the gastric juice. The reduced iron is pretty freely soluble in the gastric juice, but gives off hydrogen gas; or, if the preparation is impure and contains a sulphide, sulphuretted hydrogen, either gas causing eructations, and the sulphuretted hydrogen a very disagreeable taste. The peroxide, if strongly heated, is soluble in the stomach with great difficulty; the more slightly heated forms should therefore be preferred. The carbonate and the magnetic oxide are more easily dissolved than the sesquioxide.

The astringent preparations, as the perchloride, acetate, pernitrate or sulphate, are employed to check hæmorrhage from the stomach. In proportion to their astringency these preparations confine the bowels.

Since after quitting the stomach they are soon changed into an insoluble and inert sulphide, their astringency must extend itself on the upper part of the small intestines.

The sulphate, acetate, perchloride, pernitrate, in common with other astringent metallic preparations, may be given in diarrhœa. The pernitrate, much praised in the chronic forms of diarrhœa, is probably an efficient preparation.

In bleeding from the stomach small doses of the astringent preparations in iced water should be given hourly.

Owing to the astringency of iron salts, it is well to combine each dose with some laxative, as a quarter of a grain of aloes, a few grains to half a drachm of sulphate of magnesia, soda, or potash. Some authorities consider that the combination of iron with a laxative markedly promotes the absorption of the iron. Iron salts, however, by no means always constipate, and, indeed, large doses of the astringent preparations, as the sulphate, often relieve constipation.

In their course along the intestines, iron salts, as we have said, are changed into a sulphide of the metal, giving to the fæces a black and characteristic appearance. A very small quantity of an iron salt is sufficient to stain the motions deeply, and to keep them darkened for several days after its discontinuance. Iron salts have no direct influence on the pancreatic or biliary secretions.

In the treatment of the small thread-worms infesting the rectum, the tincture or the sesquichloride, in the strength of a drachm of the tincture to half a pint of water, is an efficient injection; it coagulates the albumen and destroys the thread-worms.

It is an interesting and important question—How much iron is absorbed into the blood? Probably but little of the insoluble forms, as the quantity of acid in the stomach is not adequate to dissolve them; and as regards the soluble preparations it is hard to say how much gets into the blood. The increase of the iron in the urine being very slight, after administering a soluble iron salt, it has been concluded that very little passes into the blood; and the fact that almost all the iron taken by the mouth may be re-obtained from the fæces, seems to strengthen this view; but an extended knowledge concerning the elimination of metals from the body shows this conclusion to be fallacious. Probably most metals, but certainly iron, are eliminated from the system through the intestines, and make their exit with the fæces; for, when iron salts are injected into the blood, almost all the metal is ultimately recoverable from the fæces. That much more is absorbed than is appropriated by the blood corpuscles is shown by the coloration iron produces in all the albuminous secretions of the body, the fluids bathing the various cavities becoming coloured reddish-brown. Still the quantity absorbed is probably not very large, for when an iron salt is injected into the blood, much of it passes out by the urine.

Oxide of iron possesses an ozonizing power. "Thus, a spot of iron mould, *i.e.*, iron oxide, on linen, will in time destroy the fabric. From a similar cause a fleck of rust on a bright surface of steel will steadily enlarge and deepen." (Horatio Wood.) Hence it is argued that the iron of the blood corpuscles acts in the same way, converting oxygen into ozone, thus promoting oxidation, ozone being the active form of oxygen in the system.

In the treatment of anæmia many physicians advocate the use of large doses of iron salts; others, instancing the beneficial effects of ferruginous waters, strenuously maintain that all the good effects are obtainable from very small doses. In many instances, no doubt, anæmia is curable by the employment of small quantities of iron, but it is likewise certain that large quantities, when they can be borne, act far more promptly. Half-drachm doses of the tincture, or six to eight grains of the sulphate, may be given two or three times daily. The following pill, originally employed by Blaud, and strongly recommended by Niemeyer, is no doubt very efficacious, but the iron without the carbonate appears to answer as well. Sulphate of iron, carbonate of potash, of each half an ounce; tragacanth, as much as is required to make ninety-six pills; three to be taken three times a day, an additional pill being added daily.

A convenient pill is made with five grains of the dried sulphate of iron, equal to about nine grains of the ordinary sulphate, with a drop of syrup. This sets into a firm pill, easily dissolved in the stomach. A small quantity of extract of belladonna may be added to prevent constipation, but when given alone this pill seldom constipates. Large doses of iron, while rarely upsetting the stomach, or producing headache, often cure anæmia with astonishing rapidity. This pill is especially useful in chlorosis, but when this pill cannot be borne I obtain excellent results by giving five grains of the reduced iron three times a day.

The experiments of Drs. Cutler and Bradford, conducted after Malassez's method of counting the blood corpuscles, show that in health iron does not increase the number of blood corpuscles, though it does in anæmia.

Iron salts are largely used in anæmia; they are especially useful in chlorosis. Cases of anæmia, apart from those forms due to loss of blood or exhausting organic diseases, fall into two classes, though both forms may be combined. In chlorosis, the number of corpuscles is but little reduced, but their hæmoglobin is very deficient in quality. In pernicious anæmia, on the other hand, the number of corpuscles is greatly reduced, but the colouring matter in each is normal in amount. Iron is chiefly beneficial in chlorosis, where hæmoglobin is deficient without much diminution in the number of corpuscles, and is much less serviceable, and, indeed, is very often useless in pernicious anæmia, in which serious condition arsenic is very useful.

In chlorosis the production of corpuscles is but little diminished, but they contain too little colouring matter. There is also excess of the larger and especially of the smaller corpuscles, the smaller being newly formed and ill-developed, and easily acted on by re-agents. There is indeed in chlorosis "imperfect evolution of blood." (Wilcocks, Moriez.) Iron improves the condition of the blood discs, increases their colour and lessens the amount of small-sized discs.

In pernicious anæmia the production of red corpuscles is reduced, and in such cases iron has very little influence, arsenic being a much more potent remedy; hence it is argued that iron exerts little or no influence on the formation of red corpuscles.

It is true that in chlorosis the number of red discs may be somewhat reduced, and iron salts will then augment their number; but it is argued this is not due to an increase in the production of discs, but to the fact that iron improves the vitality of the red corpuscles by increasing their hæmoglobin, and by prolonging the life of the red discs increases their total number.

In many cases of anæmia, the combination of iron and arsenic is useful.

Iron salts are also useful in anæmia from hæmorrhage, and to a much less extent in anæmia dependent on organic disease.

The long-continued use of iron is highly beneficial in scrofula and rickets.

Iron salts are commonly administered in amenorrhœa; as there is usually much anæmia conjoined with this affection, the iron, in remedying the anæmia, assists in restoring the uterine functions.

It must be remembered that anæmia is dependent, not on deficiency in the supply of iron, but on its scanty assimilation; hence iron must be conjoined with well-regulated hygienic conditions, otherwise it does comparatively little good.

In anæmia iron salts possess other important properties besides their influence over the growth of the corpuscles. They act bracingly on the relaxed mucous membrane of the digestive canal, and probably in this way tend to restore its functions. Moreover, it is highly probable that after its entrance into the blood the iron exerts an influence beyond that of merely increasing the quantity of red corpuscles; hence iron salts are useful, not only as a food to promote the formation of blood discs, and so improving general nutrition, but likewise on account of their beneficial influence on the tissues. Iron therefore must be regarded as a food, as well as an important curative agent. When it is desired to benefit tonically the mucous membrane of the digestive canal and the tissues large quantities of the soluble astringent preparations should be administered.

The experience of physicians of the last generation accorded with these views, and so does that of many highly practical men of the

present day; but, on the introduction of the bland and almost tasteless preparations of iron, they were assumed to be in every way superior to the astringent forms. Their comparative tastelessness is certainly in their favour. It used to be considered, mainly on speculative grounds, that the astringent preparations must disorder digestion; and these theoretical, and as I believe unfounded, opinions still prevail. In a certain class of anæmic patients the astringent preparations, even in large doses, are preferable, and a large share of their efficacy is due to their direct action on the mucous membrane of the stomach and intestines, and on the organs which stud them. It has been experimentally shown that sulphate of iron does not check the solvent action of the gastric juice, and experience justifies the conclusion that in weak anæmic patients it does not lessen, but rather increases the formation of this secretion.

If the digestive mucous membrane is in an irritable state, then, as has been previously pointed out, the astringent iron preparations, in full doses, may do harm.

Individual peculiarities must be taken into account. Some persons cannot take iron in any form, not even a single dose of a weak ferruginous water. Iron upsets the digestive organs of some patients, or it induces fulness and pain in the head; others again take it not only without inconvenience, but with great benefit.

It is sometimes advisable to humour the stomach by occasionally changing the preparation of iron.

In a case of neuralgia with anæmia, where no organic disease can be discovered, salts of iron are especially recommended, although it is true their action is uncertain. The huge doses of these salts sometimes given, especially of the sesquioxide, are probably injurious, and are less serviceable than smaller ones.

Large doses of perchloride of iron are of great benefit in diphtheria. Better to use the solution rather than the tincture, and to give the medicine very frequently—every hour, or even oftener. It is uncertain whether the effects on the throat depend on the topical action of the medicine, or after its entrance into the blood. The solution should be frequently painted on the throat, taking great pains to apply it very gently, lest by increasing the inflammation it may do more harm than good; this process appears to arrest the spread of the disease, and it is said to maintain the patient's strength. The solution may be applied with the atomizer, so as to penetrate into the trachea and bronchial tubes. Large hourly doses of perchloride have been found of great use in erysipelas, though with some observers this treatment has altogether failed, a result perhaps due to the long intervals between the doses. The *frequent* repetition of the medicine is one of the most necessary conditions of success.

In the so-called hysteria of middle-aged women, occurring especially at the cessation of menstruation, they often experience dis-

tressing fluttering of the heart, a sensation of fulness of the head, with heat and weight on the vertex, frequent flushings of the face, and "hot and cold perspiration." This combination of symptoms is generally removed by considerable doses of the sesquichloride of iron, given three times a day. If the symptoms are limited to the head and face, other remedies are more successful, as nux vomica, opium, belladonna, bromide of potassium, nitrite of amyl.

Salts of iron sometimes excite irritation of the bladder, with frequent desire to pass water, which may contain a considerable quantity of mucus. With children they may cause nocturnal incontinence of urine, yet iron salts not unfrequently cure this troublesome complaint, even when not dependent on worms in the rectum, or other irritation. Astringent preparations of iron contract somewhat the blood vessels and are employed to arrest hæmorrhages from the lungs and kidneys.

Salts of iron appear to lessen profuse secretions, such as occur in chronic bronchitis and leucorrhœa. Dr. Graves gave the compound iron mixture, in doses of one or two fluid drachms, to check excessive bronchial secretion.

The iodide of iron may be given where both iron and iodide are indicated, for instance, in syphilis complicated with anæmia. It is a question of much interest whether it is better to administer these two agents separately or combined in the iodide of iron, and whether the constituents continue in combination in their course through the stomach and circulation, or whether the salt is decomposed. Viewing this question simply from a chemical point of view, it would seem that an iodide of sodium and albuminate of iron must be formed in the stomach or blood, though some observations, made I believe by Bernard, throw much doubt on this conclusion; for it was found that if iodide of potassium and a salt of iron were injected into the blood, no iron appeared in the saliva, but when an iodide of iron was injected, then both iodide and iron were found in this secretion.

The iron of the effete red corpuscles probably escapes with the bile, and when iron salts are swallowed this fluid contains an excess of the metal. This, therefore, is one way by which iron may be separated from the body.

To Dr. Barnes we are indebted for having suggested the injection of perchloride of iron into the uterus in grave cases of flooding after delivery. In such cases, obstetricians are well-nigh agreed that this procedure is effective and life-saving. Dr. Barnes recommends four ounces of the liquor ferri perchloridi mixed with twelve of water, to be slowly injected into the uterus with a Higginson's syringe furnished with a long uterine tube, taking care to avoid the introduction of air and to allow a free outlet of the fluid.

In chronic uterine catarrh with clear white-of-egg-looking discharge issuing from a patulous uterus, Dr. Lloyd Roberts recom-

mends swabbing the interior of the organ with a solution composed of one part of perchloride of iron to four of water; or the injection of a few drops of the solution.

The tincture of the perchloride of iron, in the proportion of half a drachm to half a pint of water, with a drachm of laudanum, makes a capital injection for gonorrhœa or gleet, often speedily checking the discharge, and easing the pain on micturition. The following injection is useful:—Sulphate of iron twelve grains, tincture of opium half an ounce; water eight ounces, use three times a day.

The syrup of the phosphate of iron is a good form, if there are any indications for the employment of phosphoric acid. (See Phosphate of Lime.)

A teaspoonful of lemon-juice covers the taste of iron preparations and tincture of steel.

Milk, too, covers the styptic taste of iron.

Iron salts to act as food should be administered soon after a meal.

SALTS OF MANGANESE.

The sulphate of manganese in large doses, acting on the mucous membrane of the stomach, excites vomiting and purging. It is said to increase the flow of bile, but Rutherford says it is a powerful irritant to the mucous membrane, but not a chologogue. Manganese is generally, and according to some investigators always, found in the blood corpuscles, and has come to be regarded as a normal constituent of the red discs, which has led to the administration of its salts in anæmia, though, in the hands of trustworthy observers, without any benefit.

Leared gave ten to fifteen grain doses of the black oxide in gastrodynia and pyrosis. Manganese salts long persisted in produce, according to Bartholow, wasting, feebleness, staggering and paraplegia. They are said to cause acute fatty degeneration of the liver.

The permanganate is a powerful oxidizer, yielding ozone, and is widely used as a disinfectant and deodorizer.

Bartholow recommends this preparation in dyspepsia with flatulence, and to assist the conversion of uric acid into urea. It has been given internally in scarlet fever, diphtheria, erysipelas, puerperal fever, and pyæmia; but the permanganate can act only on the mucous membranes with which it comes in contact, and must be decomposed in the stomach.

Kobert finds manganese salts are more poisonous to frogs than salts

of cobalt, iron, nickel or tin. Small doses suspend voluntary motion, larger doses slow the reflexes, and render the heart weak; still larger doses arrest the heart in systole, but the excitability of the nerves and muscles by direct stimulation lasts for hours.

In cases of deficient, delayed, or arrested menstruation I find permanganate of potash very efficacious.

Other salts of manganese would in all probability, act equally well, but I have not yet had time to test their action. The permanganate itself cannot pass into the blood undecomposed.

The permanganate is useful in amenorrhœa of young women. It will restore menstruation after the lapse of two years or longer; sometimes it restores the discharge in a few days, or the succeeding period may be missed till the next period is due, or sometimes six weeks, or even two months will elapse before the drug succeeds.

I find this salt useful also in the very common case of scanty, perhaps delayed, menstrual flux, the interval varying from six weeks to two months. The permanganate in a case like this brings on the period at its proper time, with increase in the quantity.

It is useful, too, when a chill prevents or delays the menstrual flow.

A woman prevented menstruation by taking a cold bath on the day it should have appeared, and she suffered from the usual symptoms arising from arrest of the catamenia. Three doses of permanganate restored the flux. On its appearance she discontinued the drug, when the discharge ceased. She returned to the medicine, and after another three doses the flow reappeared and progressed naturally.

I find it successful in cases of anæmia, and in plethoric patients. It certainly does not act by improving the quality of the blood.

I usually give the salt daily till the catamenia appear, and then discontinue; but I recommence it four days before the access of the next period and continue it till the flow ceases.

Dr. Fordyce Barker found permanganate useful in girls who suffer from arrested menstruation on leaving the country and coming to town for their education; also in amenorrhœa induced by sea sickness; and with women, between thirty and forty, generally married, who rapidly increase in weight whilst menstruation decreases.

Dr. Murrill and I in our investigations did not find that permanganate produced abortion, but some cases of abortion apparently due to the drug have been published.

At first I gave the solution of permanganates from ʒss. to ʒj, thrice daily, but its disagreeable taste often provoked nausea and vomiting, especially after taking it for some time. I now give one, two, or more grains in pill form thrice daily. Mr. Martindale makes the pills according to the following formula:—Permanganate of potash gr. 1, kaolin and petroleum cerate in equal parts q. s.

NITRATE OF BISMUTH, CARBONATE OF BISMUTH.

These powders are commonly used as harmless cosmetics; they are useful in intertrigo, and sometimes in eczema, as dusting powder; but in eczema other remedies are to be preferred.

Applied to the broken or unbroken skin, these substances, being insoluble in any fluid they may then meet with, are not absorbed.

Trousseau employed equal parts of bismuth and Venetian calc in chronic non-syphilitic ozœna, ordering the patient, after clearing the nasal passages by strongly blowing the nose, to snuff up some of this powder. He, however, prefers mercurial powders. (See Mercury.)

Being insoluble, they are tasteless, but they sometimes occasion a disagreeable sensation of roughness, and sometimes blacken the tongue. This rough taste may be covered in a great degree by administering the drug in milk.

Little is known at present of the changes these medicines undergo, and of their behaviour in the stomach. Whether they are dissolved or not, or whether their efficacy depends on physical or chemical properties, are questions yet unsolved.

In many diseases of the stomach, these preparations, especially the nitrate, are very valuable, easing the pain incident to many affections of this organ, whether depending on organic or so-called functional disease. In cancer, chronic ulcers, and chronic inflammation of the stomach, bismuth is often serviceable, and is especially useful in the chronic gastritis of drunkards, subduing the pain, checking the vomiting, and enabling the stomach to tolerate food. It is also useful in gastrodynia and cramp of the stomach. Many forms of vomiting in children, and notably that kind depending on acute or chronic catarrh of the stomach, yield speedily to bismuth. The various forms of pyrosis, whether acid, alkaline or neutral, are very amenable to this drug, although our limited knowledge concerning the causes of this form of indigestion fails to enable us to lay down precise rules respecting the particular form of it most benefited by bismuth.

Dr. Graves treated acidity of the stomach with nitrate of bismuth, and experience confirms his practice. He generally mixed it with opium or morphia, and sometimes with magnesia. Flatulent dyspepsia, in some of its forms, yields more or less to bismuth; and it is well sometimes to mix it with an equal quantity of vegetable charcoal.

These remedies often succeed in some forms of chronic diarrhœa, especially when other drugs fail, in the exhausting purging of phthi-

sis. It is necessary to give as much as half a drachm to a drachm of the nitrate several times a day, and this large quantity, taken with milk, does not disturb the stomach. It often subdues intractable diarrhœa, effecting occasionally so great an improvement in the general health, that patients whose speedy death seemed inevitable rally and recover.

In the various forms of diarrhœa peculiar to young children, bismuth, in large doses, is freely used on the continent. A dose of thirty to sixty grains hourly is recommended, milk being at the same time withheld. Much smaller doses, however, are often useful, and may be given with milk: a grain hourly is very efficacious, and the addition of a sixth of a grain of grey powder often enhances its efficacy.

Bismuth preparations are not employed to act on the remote organs of the body.

Large doses of soluble preparations as the citrate of bismuth and ammonia act much like antimony or arsenic, causing gastro-enteritis and fatty degeneration of the liver (Brunton).

A bismuth injection, consisting of bismuth half an ounce, glycerine half an ounce, water three ounces, is very useful in gonorrhœa, especially in its chronic state, and sometimes proves serviceable in gleet.

The chief part, if not all the bismuth swallowed, is evacuated with the fæces, and stains the motions a dark slate colour. A portion, indeed, may be absorbed, but the quantity entering the blood is probably extremely small.

Hans Meyer finds bismuth salts are eliminated by the mucous membrane of the intestine, especially of the large intestine, for after subcutaneous or intravenous injection of a bismuth salt, the mucous membrane becomes blackened, and bismuth can be detected. Sometimes the mucous membrane of the intestine was found ulcerated, Meyer suggests, from blocking of the arteries by sulphide of bismuth.

LEAD SALTS.

Lead added to albuminous fluids, forms a precipate composed of albuminate of lead. Like other metals, the soluble salts of this group, when applied to the abraded skin, or to sores, or to mucous membranes, coat them with an impermeable air-proof covering; if however, a protecting covering is required, other metalic salts are generally employed. Any excess of lead solution, after combination with the albuminous part of the secretion, will unite with the tissues them-

selves, in which manner, probably, lead salts condense these structures, and constringe the blood-vessels. The soluble lead salts are used as lotions to unhealthy and over-secreting sores, and to eczematous eruptions; lead lotions in some forms of eczema being very useful. When there is much inflammation, and when the surface is raw and weeps copiously, a lead lotion allays inflammation, checks the discharge, and quells the itching, burning, and tingling, so often accompanying eczema. Two or three drachms of liquor plumbi in ten ounces of water are generally sufficient; but a stronger lotion, consisting of two ounces of liquor plumbi, two ounces glycerine, and four ounces of water, is sometimes more successful. When the inflammation is great, and the weeping abundant, the rash must be constantly covered with rags soaked in the lotion. In some cases it is useful to apply a poultice at night, and the lotion during the day. The stronger lotion is especially useful in diffused eczema, without weeping, but with excessive itching and tingling, and the diseased skin should be sponged with the lotion several times a day. A weak alkaline, or a sulphur bath, greatly assists the action of the lotion. The fluid oozing so abundantly in eczema being strongly alkaline, the property of these lotions to check this discharge may be owing to their weak alkaline reaction (*vide* the Chapter on the Topical Influence of Acids and Alkalies on the Secretions). The stronger lotion very effectually allays the itching of pityriasis. Lead lotions occasionally ease the itching of urticaria.

A lead lotion is often of great service in pruritus pudendi, especially when the mucous membrane is red and excoriated. A weak lotion sometimes fails where a strong one succeeds. It may be necessary to use equal parts of liquor plumbi and glycerine, an application which may excite a little very temporary smarting. When pruritus pudendi depends on ascarides, hæmorrhoids, or a tumour in the urethral passage, it is obvious that these applications are useless.

A lotion of one part of liquor plumbi,* with one or two parts of glycerine, applied warm after the crusts have been entirely removed, is useful in the milder forms of lupus.

While lead salts have many properties in common with those of other metals, they are distinguished by their unirritating, soothing character, whence they are used only as astringent and calming applications. The soluble lead preparations may be used to check bleeding from small vessels; but other astringents are more effective.

Solutions of the acetate and diacetate are employed as injections and washes in chronic otorrhœa and vulvitis of children. They lessen the production of pus, and ease pain, by virtue of their astringency and their soothing qualities. They are of most use when the acute stage has just subsided, the tissues remaining irritable and painful. In the later stages stronger astringents are needed.

* When liquor plumbi is mentioned we refer to the strong solution.

Bland, unirritating plasters made of lead are in common use.

These plasters, and lead applications generally, are sometimes objectionable, owing to the black discoloration they produce from the formation of the black sulphide with the sulphuretted hydrogen gas evolved by the decomposition of the discharges.

A stout plaster often relieves pain in the loins, due to weakness. Burgundy pitch on leather is generally used, but it is very liable to produce a crop of itching papules, which may spread over the greater part of the body, while lead plaster, though somewhat less adhesive, is comparatively free from this objection. Plasters sometimes relieve back pains due to uterine disease or piles.

For sweating feet, Hebra employs an ointment composed of equal parts of lead plaster and linseed oil spread on linen, and wrapped round the feet, renewing the application every third day for nine days.

The same ointment applied on soft linen twice daily is sometimes invaluable in the subacute stage of eczema. Dr. Matthews kindly draws my attention to the fact that this ointment must be used fresh since it becomes rancid in a few days.

In ulceration and sloughing of the cornea, lead washes must be avoided, lest a white compound become deposited in the structures of the ulcer, leaving a permanent opacity.

Mr. Alfred Aspland recommends the local application of white paint for burns. He claims that it relieves pain in two minutes.

Lead injections are sometimes employed in gonorrhœa, gleet, and leucorrhœa.

Insoluble lead salts are tasteless; the soluble have a sweetish acid and astringent taste.

The soluble preparations are astringent to the mucous membrane of the mouth, and combine with the albuminous substances they meet with there.

That portion of the soluble compounds of lead which escapes combination with albumen in the mouth is converted into an albuminate in the stomach.

The soluble lead preparations are sometimes used in hæmatemesis, and have been recommended to check pyrosis.

Albuminate of lead in the intestines is probably speedily decomposed into a sulphide of lead, an insoluble and inert compound. The soluble salts act powerfully as astringents of the intestines, and cause constipation; they control many forms of diarrhœa, even that dependent on disease of the lower part of the small or even of the large intestine.

The effects of lead on the parts of the intestines distant from the stomach and duodenum, can be manifested only through the nervous system or blood; and we know the intimate sympathy existing between the different parts of this canal.

In summer diarrhœa, a few grains of the acetate with a small dose of morphia is a sure and speedy remedy.

The acetate has been recommended in cholera, especially in its early stages. In the purging from dysentery and typhoid fever, and from tubercular disease of the intestines, few remedies are so useful. The acetate should then be combined with opium.

It increases the efficacy of a starch injection, used to check various forms of diarrhœa; and it may be used for a similar purpose as a suppository.

In large doses, the acetate acts as a weak irritant poison, but the symptoms it produces differ from those of other irritants, chiefly by constipating instead of purging.

It is by no means common to meet with a case of acute poisoning with lead salts, and even the most soluble salts rarely cause death.

Acute poisoning by the acetate induces the following symptoms:— Dry burning sensation in the throat, thirst, vomiting, colic (the pain of which is generally relieved by firm pressure), tenderness of the abdomen, obstinate constipation, dark slate-colour motions from the presence of plumbic sulphide, great prostration of strength, cramps of the extremities, cold sweats, giddiness, numbness and even paralysis of the lower limbs; sometimes coma; and high-coloured scanty urine. In one case it is reported, that in less than five hours the extensor muscles of the extremities became paralyzed, and the flexors rigidly contracted. The sub-acetate is even more powerful than the acetate. The carbonate has no irritant action.

The treatment of acute poisoning is to promote vomiting by lukewarm drinks, to give sulphate of soda, or sulphate of magnesia, or fresh precipitated sulphide of iron, which is rarely at hand; the stomach-pump should be used, and milk, with white of egg, may be given with advantage.

Small, nay, even minute quantities, taken for a long time, will produce chronic lead poisoning, which may happen in various ways, owing to the manifold uses of lead compounds. Oxide of lead is used to sweeten wines, the soluble salts are used as hair-dyes, and wafers are often coloured with red lead. In grinding the carbonate, the basis of all paints, unless great care is taken, the finer particles are inhaled. Snuff is sometimes adulterated with lead, and sufficient may be snuffed into the system to produce chronic poisoning. Dr. Garrod has lately narrated an instructive case of chronic lead poisoning, through the decomposition of the leaden envelope of a packet of snuff. Painters become poisoned by eating their meals with unwashed hands, and so introducing lead into the system. Drinking-water sometimes becomes contaminated with lead dissolved from the lining of tanks. Certain conditions of the water either favour or retard the solution of lead. Thus, pure water, and waters containing carbonic

acid, carbonate of lime, and sulphate of lime, act but little on lead. But, on the other hand, waters containing much oxygen, organic matters, nitrites, nitrates, and chlorides, act freely on this metal. Carbonic acid is very protective of lead; it crusts the metal with an insoluble covering of carbonate, and protects it from the further action of the water.

A very small quantity of lead in water is adequate to produce all or some of the symptoms of lead poisoning; even one-fortieth to one-fiftieth of a grain per gallon. But there appear to be individul differences in respect to the action of lead, some persons becoming sooner affected by it than others: differences sometimes susceptible of explanation, as will be shortly shown. Acetate of lead, in five-grain doses, may be given for weeks or even months, without inducing lead poisoning, as has been abundantly proved at the Brompton Hospital, where the acetate is largely employed to check the diarrhœa of consumption; yet it is extremely rare to meet with any lead symptoms, even after the medicine has been continued for months.

Cosmetics and hair-dyes containing lead may cause chronic poisoning.

The symptoms indicative of chronic lead-poisoning are briefly—constipation, and, it may be, impaired digestion, accompanied with a sweetish taste. A blue line is soon observed at the edges of the gums, produced by the sulphuretted hydrogen developed from the tartar of the teeth penetrating the tissues of the gums and uniting with the lead, forming a black sulphide, consequently the blue line is most marked in persons who do not clean their teeth. It is seen only at the edge of the gums, where they come in contact with the teeth; where the teeth are absent, the blue line is absent. It is first observed, and is always most marked, in the gums in the neighbourhood of the incisors. This blue line is one of the earliest indications of the effect of lead, and is one of the slowest to disappear. Dr. Garrod says this blue line is never absent if there are any teeth, and that it may extend to the whole gums, and sometimes it is observed on the parts of the lips and cheeks corresponding to the gums. More recent observers have seen cases without a blue line. The nutrition is impaired, the skin becomes very sallow, and sooner or later severe colic, with obstinate constipation, and sometimes vomiting, sets in. Colic may occur without any premonitory signs. In lead colic the abdominal walls are retracted, and very rigid. The pain, as in acute lead-poisoning, is mostly eased, though it is sometimes aggravated, by firm pressure. The pulse is small and incompressible (high tension).

Frequent and often severe cramps occur in the calves, sometimes in the uterus, penis, and scrotum; and sometimes the patient is harassed with pains about the joints, generally of the extremities, increased by movement or wet weather, and closely simulating rheumatic pains.

Sometimes paralysis takes place, affecting generally the extensors of the forearm.

The muscles first affected are those supplied by the musculo-spiral nerves (posterior interosseous) in the forearm, and especially the extensor communis digitorum. The supinator longus therefore escapes. The supinator longus is almost always supplied by a branch from the musculo-spiral nerve before it divides into the posterior interosseous and radial nerve. This fact often enables us at once to discriminate between lead-poisoning and paralysis from disease of the musculo-spiral nerve. If the supinator longus is paralyzed, this fact points to the disease of the musculo-spiral nerve, and then the paralysis is not due to lead. If this muscle is not paralyzed, this fact shows that the disease is limited to the posterior interosseous, and that the paralysis is probably due to the action of lead. The condition of the supinator longus is easily tested in the following way. Extend the paralyzed forearm on the table, with the radius upwards, then press down the wrist, and tell the patient to try to raise it from the table. The supinator longus, if not paralyzed, immediately becomes hard, contracted, and stands out prominently. (Erb.)

The muscles of the ball of the thumb waste greatly, and in severer cases the deltoid, and even the muscles of the neck and trunk are similarly affected. Indeed, in the worst cases, general paralysis may occur, with wasting of the muscles of the whole body, even the voice becoming weak. The paralysis mostly affects motion only, but sometimes there is also loss of sensation, great loss of electric excitability in the muscles occurs early, sometimes before loss of voluntary power. Epilepsy, delirium, convulsions, or coma, may destroy the patient; but death from chronic lead-poisoning is uncommon.

The muscles are wasted, greyish-red or whitish and tough, with considerable increase of the interstitial connective tissue. These changes are similar to those which occur in injury to nerves, in progressive muscular atrophy, and in spinal paralysis of children.

How does lead produce paralysis? On this point various views are held. Some maintain that lead directly affects the muscles; others that it arrests nutrition by exciting strong contraction of the blood-vessels supplying the wasted muscles. The existence of the "re-action of degeneration," as tested by electricity, shows that the affection is seated either in the nerves or in the spinal cord; and probably in the spinal cord, for the re-action of degeneration and atrophy pursue exactly the same course as in the spinal paralysis of children.

In the nervous system it causes hyperæmia and proliferation of neuroglia with consequent contraction, causing degeneration of the cellular elements.

The cramps are not confined to the muscles of the extremities. The intestines are also affected, sometimes almost throughout their length, but generally only a limited extent is involved. If the finger is passed up the rectum, the contractions can sometimes be felt. The blood-vessels, like other parts of the body, are said to be subject to cramps. The kidneys are found to be cirrhotic, indeed, in many fatal cases, there is more or less general fibrosis.

The colic is generally dependent on constipation; for when this is set right the colic generally disappears.

In large doses lead, like the other heavy metals, may induce inflammation of the grey matter of the cord, and later of the white matter, inducing symptoms like acute general myelitis, with rapid wasting of the muscle. Chronic lead-poisoning causes chronic neuritis and myelitis.

Chronic lead-poisoning excites cirrhosis of the kidney, due, it is said, to the deposits of lead carbonate in Henlé's loops, these deposits acting as irritants.

The influence of lead on the urates in the blood is most singular. Dr. Garrod, in his remarkable investigations concerning gout, has elucidated this subject, and shown the intimate connection existing between lead-poisoning and gout. In gout, as this philosophical observer has shown, the urates, probably with increased formation, are retained in the blood. In gout, especially during the acute attacks, scarcely any uric acid is to be found in the urine, while an abundant quantity is detectable in the blood. The urates dissolved in the blood manifest special affinity for particular structures, as the cartilages, bursæ, and fibrous tissues, particularly of certain parts, and during the deposition of the urates in the joints, acute inflammation is excited, and this constitutes gout. (See Colchicum.)

Now, lead checks the separation of urates from the blood by the kidneys, diminishes the uric acid of the urine, thus greatly augmenting that of the blood, and thus we have the pathological condition which excites the gouty inflammation. Dr. Garrod has further shown—and his experience is corroborated by all who have investigated this subject—that gout very frequently occurs among lead-workers, and that gouty patients often exhibit the characteristic blue lead line on their gums.

There, too, is the fact, in further confirmation of Dr. Garrod's discoveries, that if to a gouty person, free at the time from an acute attack, a salt of lead is administered, it developes acute gout, with its accompanying symptoms of severe pain and high fever. The author has repeatedly verified this fact, first pointed out by Dr. Garrod, which affords an explanation, in part at least, of the good effects of iodide of potassium on gout, since, as we have shown already, this salt promotes the excretion of lead.

Lead is used for a variety of purposes, but chiefly for its astringent action on the tissues, as in profuse discharges of the mucous membrane, from the lungs in bronchitis, and to check bleeding from the nose, lungs, kidneys, and uterus.

It has been conjectured that lead in Bright's disease might check the escape of albumen from the blood, and therefore lessen the amount of it in the urine, and George Lewald has published some experiments instituted with a view of testing this point. He does

not mention the form of kidney disease his patients suffered from, but it was probably the pale, flabby, fatty kind. He observed at the same time the influence of the lead on the amount of urine voided. These experiments, too few perhaps to decide the question, showed that lead constantly diminished the albumen of the urine, though only to a very small extent, namely, to about nine or ten grains in the twenty-four hours. The diminution appeared to hold no relation to the quantity of lead administered. The quantity of water was simultaneously increased on an average by 200 c.c. in the twenty-four hours. Here again, the increase held no proportion to the quantity of lead employed.

M. Paul, who has investigated the influence of lead-poisoning on the fœtus, says that women working in lead factories frequently abort; and that the father may cause abortion, even when the mother is not a lead-worker. In 123 pregnancies, seventy-three children were born dead; and of these, sixty-four were abortions, four premature births, and five born at the full time. Of the fifty born alive, twenty died the first year, eight the second, seven the third; one later; and only fourteen reached the age of ten.

We know but little concerning the elimination of lead. Only a little lead passes off with the urine: iodide of potassium, however, increases its elimination.

NITRATE OF SILVER, OXIDE OF SILVER.

The soluble preparation of silver, when painted on the skin, colours it first an opaque white, which changes gradually to brown and black. The application of a strong solution will produce vesication. Nitrate of silver is sometimes applied as a destructive caustic to warts and other excrescences, but its action being too superficial it is useless for this purpose.

Applied to the abraded skin, or to sores, the soluble silver salts form an albuminate which coats the surface with a thin layer and protects the tissue beneath from the irritation of the air. The nitrate of silver acts as a powerful excitant of the tissues and destroys them, but only very superficially. It is frequently applied to induce healthier growth in unhealthy and unclean ulcers, giving much smarting pain, which, however, soon passes away.

Like most other soluble metallic preparations, the nitrate causes condensation of the tissues as well as contraction of the blood-vessels, on which account it is used to stay hæmorrhage; being liable, however, to excite much inflammation and pain, other blander astrin-

gents should first be tried. Sometimes it is used to check the bleeding from leech-bites by touching them with a stick of nitrate of silver.

Nitrate of silver will prevent the pitting of small-pox, if each vesicle is opened as soon as formed, and the raw surface beneath touched with a solution of the salt. Dr. F. Bowen has recorded an instructive case showing the efficacy of this treatment. He treated the vesicles on one side of the face and neck in the way described, leaving untouched the vesicles on the opposite side, with the result that on recovery the untreated side was deeply pitted, while the opposite side remained smooth and scarless. Dr. Bowen, who has devoted much attention to this subject, states that a nurse can easily carry out the process. At an early stage of the eruption—at the latest on the fourth or fifth day—he punctures the vesicles with a fine needle dipped in a solution containing twenty grains of nitrate of silver to an ounce of water. Mr. Higginbottom finds it unnecessary to puncture the vesicles, and says it is enough to paint the skin in the manner recommended by him in erysipelas, which subdues inflammation and prevents suppuration.

Bed-sores are best prevented by painting the threatened but unbroken skin as soon as it becomes red, with a solution of nitrate of silver (20 grains to an ounce), with the effect of dispersing the redness, hardening the skin, and preventing the bed-sore, unless, as in the case of paralysis, there is a great proneness to this lesion.

That species of boil which, beginning first as a papule, maturates into a pustule, and inflames and extends till a large dead core is produced, may, it is said, be arrested in its early pustular stage by painting it over at its very commencement with a strong solution of nitrate of silver. I have had no experience of this method, but of the beneficial influence of collodion on similar boils, to be mentioned in another place, I can speak with great confidence.

Nitrate of silver will arrest herpes labialis and the vesication of shingles, if the warning patch of erythema is painted over before, or as soon as, the vesicles begin to form.

Sometimes we meet a patient with a patch of lichen, about the size of the palm of the hand, affecting almost any part of the body, the irritation from this patch being sometimes so excessive as even to break the sleep and injure the health. The painting the patch with the nitrous ether solution of silver every day, or second day, as the itching may require, will generally cure this affection.

Limited patches of eczema are sometimes benefited in the same way. Nitrate of silver proves most serviceable after the weeping stage.

The occasional application of nitrate of silver or sulphate of copper is serviceable in psoriasis of the tongue and mucous membrane of the mouth, but if it depends on syphilis mercurial applications are

best. A weak solution of nitrate of silver, gradually strengthened, is stated to be useful in the superficial kinds of lupus.

Higginbottom very strongly recommends the local application of nitrate of silver in erysipelas. No agent, he says, is so safe or so efficacious in subduing external inflammations; but he points out that the success of this treatment depends entirely on the manner of conducting it. He directs the skin to be well washed with soap and water, then with simple water, then to be wiped quite dry; next a solution of four scruples of the brittle stick of nitrate of silver, in four drachms of water, is to be applied two or three times to the inflamed surface, extending two or three inches beyond it.

Nitrate of silver often cures the intolerable itching of pruritus pudendi. A large camel-hair brush, saturated in a solution containing from two to five grains to the ounce, should be painted three or four times a day over the vulva, and be thrust up to the os uteri. A stronger solution used less frequently will not answer so well.

A weak solution of nitrate of silver often relieves pruritus ani.

Pruritus of the meatus auditorius, occurring without any eruption, should be treated by the application of a strong solution of nitrate of silver, carefully avoiding the membrana tympani. If the itching arises from undue dryness of the ear, from deficient secretion of wax, almond oil or glycerine should first be tried.

When used as an outward application, nitrous ether is by far the best solvent of nitrate of silver, for, by dissolving the fatty matters of the skin, this solution forms a uniform layer over the surface, unlike a watery one, which runs into drops, leaving the intermediate skin dry. This solution is not available in erysipelas, as nitrous ether will not dissolve the quantity of silver required. It is important to bear in mind that a nitrous ether solution acts much more strongly than an aqueous solution of corresponding strength. The ether solution must, therefore, be made weaker, five to ten grains to the ounce being generally strong enough. Five grains to the ounce is sufficiently strong for threatened bed-sore, a stronger solution often blistering, particularly on applying several coats.

Solutions of nitrate of silver are used to blacken the hair of the head. The hair is first washed with the solution of nitrate of silver, and then a comb, dipped into a solution of sulphide of potassium, is passed through it; a process resulting in the production of a dull, lustreless, ghastly, black-bluish colour.

In obstinate tinea tarsi, the solid nitrate of silver stick is sometimes passed over the edges of the eyelids, first removing the eyelashes and the scabs.

In conjunctivitis, a few drops of a solution of nitrate of silver, varying in strength, is inserted with the aid of a quill several times a day into the eye, exciting in the membrane a healthier inflammation, which soon subsides.

The nitrate may be applied to ulcers of the mouth. When a milder application than the ordinary caustic is required, it is convenient to use the sticks composed of equal parts of nitrate of silver and nitrate of potash.

The soluble salts have an astringent metallic taste.

In the early stages of inflammation of the throat, when the inflammation is superficial, and there is only a little swelling, the application of a strong solution, or of the solid stick of nitrate of silver, subdues and sometimes even extinguishes the inflammation.

In chronic sore throat, when the tissues are relaxed and covered with pus, solutions of the nitrate are serviceable; but I do not think they are in any way preferable to strong astringent and unirritating applications. Even ulcers are best treated by the glycerine of tannin; but if in a sloughing and unhealthy condition, then the irritant nitrate must be preferred. The nitrate of silver is also applied with doubtful benefit in diphtheria. Most authorities are agreed that the application should be limited to the inflamed patches; for if applied beyond their area, it excites an extension of the inflammation, on which the false membrane may readily implant itself.

Nitrate of silver, in powder or solution, is sometimes applied by means of a probang, brush or sponge, to the chronically inflamed larynx, as in phthisis; or solutions of nitrate of silver, in the proportion of gr. $\frac{1}{2}$ to gr. v to the ounce of water, may be brought to bear on the pharynx and larynx by the spray-producer.

Dr. Horace Green injects a solution of nitrate of silver into the trachea in asthma, bronchitis, and phthisis, after deadening the sensibility of the glottis, by applying to it for one or two weeks a solution of nitrate of silver. He passes a No. 10 or 12 catheter, which produces only a sensation of warmth, through the rima glottidis, down even to the bifurcation of the trachea, and injects the solution. The late Dr. Hughes Bennett, who endorsed this treatment, injected either two drachms of a solution containing half a drachm of nitrate of silver to an ounce of water, or even half an ounce of solution consisting of forty grains of nitrate of silver to an ounce of water. While introducing the catheter, the head is thrown back, and the tongue drawn forward, when the instrument glides along the laryngeal surface of the epiglottis, which is nearly insensible, through the rima glottidis itself.

Sponging out the throat with a solution of nitrate of silver greatly diminishes the violence and frequency of the paroxysm in whooping-cough, renders the cough but half as frequent, makes the fits much less severe, and enables a child harassed with broken sleep to obtain a good night's rest. But there is a formidable drawback to this treatment; for the application generally produces, especially with very young children, so violent an attack of coughing, as to excite

fears lest suffocation should ensue. Instead of sponging the throat, the nitrate of silver may be applied in the form of spray by the atomizer. Very young children, however, cannot be induced to open their mouths, and allow the inhalation of the spray; hence its use is restricted to children more than two or three years old. These applications, being apt to excite retching, should be employed when the stomach is empty.

Any part of the salt having escaped conversion in the mouth is changed into an albuminate when it enters the stomach; and if sufficient albumen is not present to effect this, the salt attacks the mucous membrane, and excites active inflammation. The best antidote for a poisonous dose is common salt, a fact useful to bear in mind, if, as sometimes happens, the solid stick of nitrate breaks off and is swallowed.

Nitrate of silver acts as an irritant in the stomach, and may be used in precisely the same class of cases for which arsenic is applicable. It often checks the pain and vomiting of chronic inflammation, of chronic ulcer, and even of cancer of this organ. It should be given not in the form of a pill, but in solution.

The nitrate acts as an astringent in the intestines, and, in common with several other metallic preparations, may be used in diarrhœa, both of the acute and chronic kind.

Peptones readily dissolve the nitrate, and the solution does not coagulate albumen. Probably it enters the blood in this form and collects in the red corpuscles, as other metals tend to do if not speedily deposited in the organs or separated by the secretions. The red corpuscles are said to become paler, and the hæmoglobin to be converted into hæmatin, and it is conjectured that this change explains the slight fall in temperature after large doses of silver salts. These salts, being absorbed, are supposed to be astringent to the tissues to which they are conveyed, but this is a doubtful supposition, and they are never used to check either bleeding or secretion in the distant organs of the body.

In poisonous doses nitrate of silver excites in animals convulsions and paralysis, probably central in origin; the convulsions, being very similar to those produced by strychnia, are excited by the least peripheral irritation. Death is said to be due to asphyxia, and the lungs are found congested and œdematous and the bronchial tubes choked with mucus. Injected into a vein nitrate of silver destroys contractibility of the cardiac muscle.

Chronic poisoning by nitrate of silver produces loss of appetite, impaired nutrition, albumen in the urine, rapid and irregular action of the heart, and after death there is found general fatty degeneration, especially of the kidneys, liver and heart.

Both the oxide and nitrate are employed in chorea and epilepsy, apparently with occasional benefit. The oxide has been given to

check profuse sweating. Nitrate of silver is sometimes very useful as an injection in acute and chronic dysentery (3j to three pints of injection). If administered too long, these substances, in some form, probably as the reduced metal, are deposited in all the tissues of the skin, except the rete malphigii, and most abundantly where the skin is finest and most vascular; but, once deposited, the metal remains as a permanent discoloration, of a deep leaden hue, either by time or treatment irremovable, unless it should prove true that large doses of iodide of potassium, as has been lately stated, will wash out the stain. Dr. W. Pepper finds that the staining of the skin is always preceded by a dark line upon the gums. Silver appears to be chiefly eliminated by the intestines and bile, very little escaping by the urine.

The nitrate, in solutions of various strength, is used as an injection in gonorrhœa. Some advocate a very strong solution (twenty grains to the ounce), averring that in many instances the disease may at once be cut short by it; others prefer a much weaker solution of one or two grains to the ounce of water, repeating the injection several times a day.

MERCURY AND ITS PREPARATIONS.

The salts of mercury possess very various physical as well as chemical properties; but as in every instance their effect on the system is well-nigh the same, probably all mercury compounds ultimately assume the same form in the blood.

The nitrates of the oxide and suboxide are escharotic; but much of this action is due to the free nitric acid of the salt. They are used to remove warts, condylomata, and other slight excrescences. Mercurial applications will completely allay the annoying itching of certain skin affections. Solutions of bichloride, black-wash, yellow-wash, or mercurial ointment, may each prove useful, but the application must be a strong one. Trousseau highly recommends bathing the part with a solution of about twelve grains of bichloride in a pint of very warm water. After much experience of these applications, I believe that far the best application is an ointment composed of a drachm of calomel to an ounce of lard; but this ointment, in common with other mercurial applications, is not useful in all kinds of itching; for instance, it is unavailing in the irritation of urticaria.

Calomel ointment often immediately removes the itching of pruritus ani and neighbouring parts. This irritation may be due to asrhes, as psoriasis, lichen or eczema, or no eruption may be visible,

yet the ointment will prove equally efficacious. This application is less frequently useful in pruritus pudendi. In obstinate cases of pruritus ani and pruritus pudendi, blisters to the thighs, or the application of a few leeches, sometimes afford relief.

The ointment in many instances improves the rashes themselves, but this is in some measure due to the cessation of the scratching, on the disappearance of the itching.

Sometimes a little scabbiness of the head, looking like mild eczema, occurs in children, accompanied by a degree of itching, sufficient to prevent sleep, and to cause constant restlessness. The calomel ointment speedily appeases this irritation.

The inunction with calomel ointment allays the distressing itching of the scalp sometimes accompanying pityriasis. It may be profitably added to other ointments used for the removal of pityriasis, as oxide of mercury or of tar.

It may be objected that so strong an application of mercury, especially when applied to soft and absorbing parts, as the inner surface of the vulva, and the skin around the anus, must surely produce salivation. No doubt care should be exercised, and no more ointment used than is needed. Yet the risk of salivation seems to be extremely slight, for, with a very large experience of the ointment, I have never seen salivation produced by it. Properly applied, a very small piece of ointment is generally sufficient to allay the irritation at once, and even to remove it altogether in a few days, although it is very apt, after a variable time, to return, when it again yields to a renewed employment of the unguent. Its grateful effects are often almost instantaneous, though sometimes it takes a few days to give ease. Having many times seen it succeed when other remedies have entirely failed, I am convinced of the value of this application in these harassing and perverse diseases. An ointment composed of five to fifteen grains of menthol to an ounce of spermaceti ointment is also very useful. The smaller quantities must be first tried, as the larger may be too irritating.

The white precipitate, or nitrate of mercury ointment, or corrosive-sublimate wash, will destroy the various kinds of lice and their nits which infest different parts of the body. For lice on the pubes it is necessary to apply the ointment or lotion to the scrotum, hair on the perinæum, and around the anus. The nits can be dislodged by washing the hairs with spirits of wine, which dissolves the gluey matter so strongly attaching the nit to the hair. The body-louse may be killed by the essential oils, as the oil of rosemary, or by powdered pyrethrum, or by an ointment of staphisagria. Through the groundless fear of inducing salivation some prefer these to mercurial applications. The under linen should be boiled to destroy any hidden lice.

The irritant ointments of mercury are useful in that obstinate

and disfiguring affection, tinea ciliaris. The eyelashes should be cut short, and the ointment, either of nitrate or oxide of mercury, applied night and morning, picking off the scabs before each dressing. It is a common practice to dilute the unguentum hydrargyri nitratis with from four to six parts of simple ointment, whether used for rashes or tinea ciliaris, but in many instances the undiluted ointment is best, and it seldom requires to be reduced more than half the official strength, for the failure of the ointment in eczema, psoriasis, lichen, and tinea ciliaris, is often due to its employment in too weak a form. Mr. Hutchinson and others assert that epilation ensures the speediest cure. Should these stimulating applications fail, others more powerful should be tried, as nitrate of silver, or sulphate of copper, the last-named salt being preferable, as it gives less pain.

Patches of obstinate lichen and psoriasis, especially of the hands, even when not syphilitic, will sometimes yield to mercury ointment when milder treatment fails. The calomel and nitrate of mercury ointment may be mixed, and the addition of tar ointment sometimes increases the efficacy of this combination.

Citrine ointment is also very useful in some cases of eczema, even in the weeping stage, if there is but little inflammation, but it is especially useful in the stage of desquamation when the skin has healed. It is markedly serviceable when eczema affects the hairy parts of the face, often curing this obstinate form when other remedies have been tried in vain, and even when it fails to cure, it generally in great part subdues the disease. The same ointment is very beneficial too in pityriasis of the hairy parts of the face. In both eczema and pityriasis it is better to mix it with tar ointment, though this combination is sometimes more irritating than the simple citrine ointment, not unfrequently this mixture cannot be borne, whilst the citrine ointment, pure or diluted, proves very useful.

In the early stages of acne, a lotion composed of corrosive sublimate, one part; alcohol enough to dissolve it; water 100 parts, is said to be of use. A teaspoonful is to be added to a quarter of a pint of water, and the face sponged with the lotion night and morning. The bichloride lotion after a time produces a "scaliness and hardness of the cuticle."

Bichloride of mercury, one of the best parasiticides, is useful in favus, tinea sycosis, tinea tonsurans, eczema marginatum, and pityriasis versicolor (chloasma). A lotion containing two grains of bichloride to an ounce of water is generally sufficiently strong. In favus, and tinea sycosis, and tinea tonsurans, the lotion should be applied after each epilation, and should be continued for some time after epilation is stopped. This treatment is highly spoken of by McCall Anderson.

It is taught, on high authority, that the application of mercury

ointment in paronychia is very useful, repeated for ten minutes every hour, applying poultices at other times. Dr. Scott reports several striking cases of cures by dusting nitrate of lead on the diseased tissues night and morning.

Mercurial preparations are used as local applications in chronic inflammation; for instance, Scott's ointment is often employed in chronic inflammation of the knee-joint. Mr. John Marshall has introduced a mercurial preparation, oleate of mercury, varying in strength according to the needs of the case, and variously combined with other remedies. Mr. Marshall's paper is so practical and valuable, and so insusceptible of condensation or abridgment, that we have deemed it best to reproduce the larger portion of it. "These preparations," he says, "are cleanly and economical, and have a much greater diffusibility or penetrating power than the old mercurial ointments, for they are absorbed by the skin with remarkable facility, and manifest the remedial effects with great promptitude."

"They should not be rubbed in like ordinary liniments or embrocations, but should be *merely applied with a brush, or be spread lightly over the part with one finger;* otherwise they may cause cutaneous irritation, or even produce a few pustules on the skin, especially in certain persons. This result may, however, be obviated by the addition of a small quantity of olive oil, or purified lard, according as an oleaginous or an unctuous preparation is required. Any of these forms may be scented by the addition of essential oils.

"In employing these mercurial solutions for combating persistent inflammation of joints, I soon found that the addition of morphia was of very great advantage. For this purpose the simple alkaloid must be used, as neither the hydrochlorate, the acetate, nor the meconate, is soluble in oleic acid. For every drachm of the solution of oleate of mercury in oleic acid, one grain of morphia may be added. Being as well as the mercury, completely dissolved, it quite as rapidly penetrates the skin, comes quickly into contact with the extremities of the nerves, and thus, even within a few minutes, acts upon them at their most sensitive points, and speedily produces a soothing effect.

"The oleates of mercury and morphia, thus united in one preparation, represent, as it were, a liniment, ointment, or plaster of mercury and opium; but they are far more elegant, economical and efficacious. As a rule, according to the size of the part affected, from ten to thirty drops are sufficient for one application. This should be repeated twice daily for four or five days, then at night only for four or five other days, and afterwards every other day until a cure is obtained. The morphia immediately begins to relieve pain, allays the nervous irritation, and consequent vascular turgescence; and thus arrests the progress or 'persistence' of the inflammatory process; whilst the mercury probably promotes the death and degeneration of the morbid products, and so facilitates their subsequent removal by absorption. Unless used in excessive quantity, the oleate of mercury does not salivate, or produce any marked constitutional disorder."

Mr. Marshall says "their applicability and utility appear to me to be almost co-extensive with the occurrence of 'persistent' or chronic inflammations, provided only that the seat of the disease be in, or sufficiently near to, the skin."

"I may first mention that not only in persistent articular inflammation, but also

in simple synovitis, these remedies rapidly relieve the tenderness and pain, and promote the absorption of the fluid effused into a joint. They are also of decided benefit in the rheumatic, the arthritic, and the mixed forms of joint disease: but in these they do not, of course, supersede the necessity for general treatment. In inflammation of the mammary gland, occurring during or after lactation, or altogether independently of that secreting process, their efficacy is unequivocal; for I have seen not only the induration left after previous abscesses speedily disappear under their use, but a tendency to recurrent suppuration in the site of old abscesses, and the threatened formation of new ones, entirely controlled and arrested. I have also seen a threatened abscess in the perinæum from inflammation of one of Cowper's glands, and likewise the troublesome indurations left after ordinary perinæal abscess, rapidly disappear on the use of these preparations. In obstinate and painful tonsillitis, in epididymitis, in periostitis, and in inflammation with imminent or actual suppuration in or around lymphatic glands, I have similarly employed them with decided advantage. In hydrocele they have not appeared to be useful. I have used equal parts of the 20 per cent. ointment and purified lard applied outside the eyelid with success, in hordeolum, and in palpebral conjunctivitis.

"In many cutaneous affections the oleate of mercury solutions, without morphia, form elegant and powerful remedies. It was in a case of obstinate sycosis menti that I first used, and with excellent results, an etherial solution of the perchloride of mercury mixed with oleic acid; but I now much prefer, as equally efficacious, and far less irritating, the 5 per cent. solution of oleate of mercury in oleic acid, with the addition of an eighth part of ether. (Dr. Alder Smith employs a 10 per cent. solution.) This, when applied to the skin with a camel-hair pencil, is a most diffluent and penetrating remedy. It enters the hair follicles and the sebaceous glands, penetrates the hairs themselves, and carries everywhere with it its powerful metallic constituent. Besides sycosis, it will cure cholasma and the various forms of tinea; it is useful in porrigo, and in pruritus ani et pudendi; but I have not found it serviceable in non-specific psoriasis, or in eczema. The solution of oleate of mercury destroys pediculi immediately; and, owing to its singular power of permeation, simultaneously kills the ova—a result not always certain when ointments containing undissolved mercury are used.

"Again, in many of those syphilitic affections for the cure of which mercury is applicable, the oleate of mercury preparations offer some advantages. Thus, in congenital syphilis, a piece of the 20 per cent. ointment, about the size of a pea or bean, placed in the child's axillæ night and morning for five or six days, rapidly and easily, and without any signs of uncleanliness, produces constitutional effects. Even in the adult this mode of introducing mercury into the system, either for the cure of syphilis or other disease, may be often preferable to, and less troublesome than the bath, and it certainly gets rid of the objections to the ordinary mode of inunction. As a topical remedy for certain local manifestations of syphilis, such as the non-ulcerated forms of syphiloderma, especially when these disfigure the head, face, neck, or hands, the 10 per cent. solution is a most valuable adjunct to other treatment, the spots rapidly disappearing under its use. This, or the 20 per cent. preparation, diluted with equal parts of purified lard, may also be applied to non-ulcerated syphilitic indurations and condylomata, but it gives pain if applied to surfaces much excoriated or ulcerated, to moist warts, or to mucous membranes. In syphilitic iritis, and also in non-specific forms of that disease, this diluted oleate ointment smeared over, not within, the eyelid, evidently promotes the absorption of the effused lymph. Lastly, in some of the remoter kinds of syphilitic affections, which iodide of potassium will usually cure, such as very hard nodes and certain forms of syphilitic testicle, the external application of the oleate of mercury is very valuable. I have seen a case of enlarged testicle, epididymis, the syphilitic origin of which had not been suspected, and for which no mercurial course had been prescribed, but which, during a period of six years had been, from time to time, relieved

by enormous doses of iodide of potassium, speedily and decidedly benefited by the inunction of the 20 per cent. mercurial oleate.

"In reference to other uses of the combined oleates of mercury and morphia, I may remark that I cannot doubt their value in the treatment of 'persistent' inflammation of certain internal parts and organs—as, for example, of obstinate pleurisy, pneumonia, pericarditis, and endocarditis; for they would here also allay pain and nervous irritation; would thus contribute towards the arrest of progressive disease, and would likewise promote the process of absorption. Moreover, I may state that a solution of morphia in oleic acid (one or two grains to the drachm without mercury), is an excellent topical remedy in neuralgia, and in that exquisitely painful affection, herpes zoster, care being taken not to produce cutaneous irritation by friction. I have also used, endermically, with advantage, a solution of atropia in oleic acid, and have had prepared for me the oleates of zinc and copper. Each of these preparations will probably come to have its uses, to which, however, I have now only time thus generally to refer. Oleic acid is likewise a ready solvent of cantharidine and croton oil. It is itself aperient, and permeates fæces more readily than olive oil. Indeed, I fully anticipate that this acid, as well as its compounds with mercury and with morphia, besides other preparations made by its aid, will eventually be admitted into the Pharmacopœia. An ointment of the oleate of mercury would almost supersede the old-fashioned blue ointment, whilst the solutions of the oleates might replace the liniment of mercury. The remaining mercurial ointments of the Pharmacopœia, of which the nitrate may contain a little oleate or some allied salt, will, however, still have their special uses.

"The oleate must be prepared with the oxide precipitated by caustic potash or soda from a solution of the metal in nitric acid recently made and well dried. The solution of mercury by oleic acid is assisted by a temperature of 300° Fah.

"The 5 per cent. solution is a perfectly clear, pale yellow liquid, resembling olive oil, but thinner; the 10 per cent. solution is also fluid and perfectly clear, but as dark as linseed oil; whilst the 20 per cent. preparation is an opaque, yellowish, unctuous substance, closely resembling in appearance resin ointment, melting very readily at the temperature of the body, and forming a kind of transparent, viscid, colourless varnish when applied to the skin. The chief care to be observed in the manufacture of these solutions is not to hurry the process, and not to employ a high temperature, or the mercury will be immediately reduced."

Baths of corrosive sublimate and chloride of ammonium, in the proportion of half an ounce of sublimate to one ounce of the chloride, are sometimes useful in the treatment of obstinate syphilitic and non-syphilitic rashes.

An ointment of biniodide of mercury has been largely employed in India with remarkable success in the treatment of goître. The action of the ointment is aided by the effects of the sun's rays, to which the tumour is exposed after inunction. The ointment is prepared in the following way:—Melt three pounds of lard or mutton suet, strain, and clean; when nearly cool, add nine drachms of biniodide of mercury, finely triturated; work the mixture well in a mortar till no grains of red are visible, and keep it in pots, protected from the light. In India this ointment is applied to the swelling at sunrise by means of an ivory spatula, and is then well rubbed in for at least ten minutes.

The patient then sits with the goître held up to the sun as long

as he can endure it. In six or eight hours there will probably be some pain from the blistering action of the application, although no pustules will have arisen. At about two o'clock in the afternoon a second application is made, the ointment being rubbed in with a light hand; the ointment is then allowed to remain, and its absorption is completed about the third day. In ordinary cases one such course cures the patient, but in bad cases it may be necessary to repeat the treatment in six or twelve months. In countries where the sun is less powerful, the patient sits before a fierce fire; or the ointment may be rubbed over the swelling night and morning, afterwards covering it with oil-skin. The full effect is produced in a few days, when a mild ointment like spermaceti is substituted. (Stainthorpe.)

Mercurial ointments are useful in erythematous lupus. I have seen great advantage result from the use of calomel ointment or black-wash in scrofulous and tubercular lupus of children, and in open scrofulous sores. Scrufulous sores that had resisted other treatment I have often seen yield speedily to the application of calomel ointment.

In tubercular lupus, Nayler advised touching the summit of the tubercles with the solution of acid nitrate of mercury, repeating the application till they are reduced to the level of the skin, but not deeper, or a scar will result. Each application excites a good deal of inflammation and pain; but the pain may be allayed by covering the spot with collodion. Nayler used the mercurial vapour bath in general eczema.

Mercurial preparations, especially black-wash, are very useful applications to syphilitic sores. The mucous tubercles soon yield to black-wash. Black-wash is useful, too, for those elevated indurations occurring at the anus of children, differing from mucous tubercles, being of much larger size, of irregular shape, often limited to one side, and generally extending some way up the rectum. This eruption, which may bleed and smart severely each time a motion passes, often disappears but slowly under the influence of mercury administered by the mouth, and may in spite of it, continue increasing slightly for months; while if kept constantly moist with black-wash, its removal may be assured in ten days or a fortnight. Black-wash is very useful in other syphilitic sores.

When it is not convenient to apply black-wash, calomel or citrine ointment well rubbed in may be substituted.

Calomel, dusted over syphilitic condylomata, generally removes them.

Cyanide of mercury in solution, in the proportion of five, ten, or fifteen grains to an ounce of water, is useful as a local application to syphilitic rashes and sores, as those of the throat, tongue, anus, penis, etc. For sores on the prepuce or glans a solution of five

grains to the ounce is generally strong enough, and even this strength sometimes excites a good deal of smarting. It should be well rubbed in with a camel-hair brush, once, or at most twice a day, carefully avoiding the neighbouring healthy tissues. In case of chancres it is a good plan to apply this lotion daily, or to keep the sore moist with lint soaked in black-wash. Mercurial ointments rubbed into the skin of the penis are often apt to bring out a crop of eczema, with considerable swelling.

Mercurial applications mixed with other substances, as tar, are very useful in syphilitic psoriasis.

Mercurial fumigations are very successful in syphilis; calomel, which is undestroyed by heat or moisture, and gives constant results, is employed. Some employ dry fumigation; others maintain that the therapeutic effects of mercury are increased by steam. This mode of administering mercury is considered the best and surest way of eradicating syphilis. Moreover, it affects the general health less deleteriously, disturbing neither the functions of the stomach nor the intestines. Ten to twenty grains of calomel are used at each fumigation. The fumigations sometimes produce so much weakness and prostration that they cannot be continued. There can be no doubt that many cases of syphilis, rebellious to other treatment, yield to these fumigations. Sometimes only a portion of the body affected with syphilitic rash is subjected to calomel fumigation.

Mercurial applications, but especially the mercurial and calomel ointments, are rubbed into delicate parts of the skin, so as to mercurialize the system by their absorption. This method has the advantage of not disordering the digestive canal.

Bichloride of mercury has been injected under the skin, and a much smaller quantity affects the system than when administered by the mouth; but this painful mode of treating syphilis is not likely to become general.

At one time the applicetion to the face of mercurial ointment or of mercurial plaster was in vogue to prevent the pitting of small-pox. It is a question of interest whether the mercury itself plays any part in arresting the maturation of the pustules, or whether other applications are not as effective. A good deal has been said on each side of the question, but I think that, since several instances of very severe salivation have followed this plastering in small-pox, other safer remedies may be used, perhaps not with equal benefit, yet with sufficiently good results to render it desirable to employ them in preference to the mercurial compounds.

The exclusion of light and air probably thwarts the development of the pustules and prevents pitting. The exclusion of air and light can be perfectly effected by collodion and india-rubber dissolved in chloroform; this, or other means, should therefore be

employed in preference to mercury compounds. (*Vide* Nitrate of Silver.)

In non-syphilitic ozœna Trousseau employs the following snuff-powders:—White precipitate, 4 grains, sugar in fine powder, 232 grains; or red precipitate, 4 grains, sugar in fine powder, 232 grains. The nose is first cleared by blowing it strongly, and then a pinch of either powder is snuffed up a few times daily for a few days. They quickly remove the stench, and modify the state of the mucous membrane, though sometimes they produce a rather powerful irritating effect on the mucous membrane, and, unfortunately, they do not cure this very intractable complaint.

In the syphilitic ozœna of children mercurial ointments, as nitrate of mercury ointment, partially melted, applied twice a day after the nose has been well cleared, will arrest the secretion, remove the obstruction, and improve the condition of the mucous membrane; the child's health improves, for the nasal obstruction prevents sucking, during which the child is unable to breathe. It is well known that a child, especially in sleep, breathes only through the nose, consequently the health must suffer through inability to sleep when the nasal passages are blocked.

Half a grain of bichloride of mercury in six ounces of water, applying it every two, three, or four hours, is a good injection in gleet.

Sternberg shows that mercuric bichloride is a very powerful germicide. In regard to its power to destroy the micrococcus of pus, he thus ranks it relatively to other germicidal agents. Mercuric bichloride active 0·005%, potassium permanganate 0·12%, iodine 0·2%, creasote 0·5%, carbolic acid 1·0%, zinc chloride 2%. This germicide power has led to the use of weak mercuric bichloride solutions in antiseptic surgery and as a topical application in diphtheria. Some use a solution of 1 in 2000 to 1 in 1000.

Potassio-mercuric iodide is a germicide four or five times more powerful than mercuric bichloride. It may be used in the strength of 1 part in 12,000 (Levis).

Mercurial medicines, if administered at an undue time, severely injure the mucous membrane of the mouth and salivary glands. The first symptom is a disagreeable metallic taste; the gums around the teeth become swollen and tender, of a dark-red colour, the mucous membrane investing the incisor teeth being the first affected, whence the inflammation spreads; the tongue swells and is thickly coated, the breath is excessively fœtid, the secretion from the buccal mucous membrane is augmented, and the saliva is increased in quantity even to the extent of one or two pints daily. At first the saliva is richer than natural in epithelium and solid constituents, but after a time becomes clearer, more watery, and contains fat and mucous corpuscles. The salivary glands become swollen and painful; at last the inflam-

mation of the mouth reaches such a point that ulceration sets in, and progresses till large portions of the gums and cheeks may be destroyed, the teeth becoming loose, and the bones of the jaw carious. Some are much more prone to become salivated than others; weak persons are more easily affected than strong; children are rarely salivated. Disease, too, influences the operation of mercury; for in inflammation it is often well borne, while in glandular disease of the kidneys or in scrofula, patients are very liable to become salivated. It is stated that salivation has occurred three hours after a dose of mercury, that it may last a few hours only, or endure for several years, and even disappear for a time and then return.

There are persons who can never take even a small dose of mercury without provoking toothache, generally in a carious tooth.

In a certain stage of tonsillitis the influence of mercury is most marked, owing probably to its absorption in the circulation. In quinsy or scarlatina, when the enlarged tonsils almost meet and block the passage, and when the difficulty in swallowing is nearly insuperable, with even danger of suffocation, at such a crisis a third of a grain of grey powder taken every hour, greatly reduces the swelling in a few hours, and obviates the distress and danger; and, even if an abscess has formed, its maturation and evacuation appear to be effected more quickly.

The same powder, administered in the same dose three or four times daily, is useful in mumps, speedily relieving the swelling and pain. Probably, as in the last case, the drug acts only after its absorption.

The soluble preparations of mercury combine with the albuminous matters in the mouth, and any portion left uncombined attacks the mucous membrane, and may excite in it acute inflammation.

They act in a similar manner in the stomach.

A form of vomiting is sometimes met with in very young children —generally only a few weeks old—which yields in many instances to grey powder or calomel, but especially to grey powder. The chief, and to a great extent characteristic feature of this vomiting is its suddenness and instantaneousness; for immediately the milk is swallowed it is forcibly expelled, curdled or uncurdled, apparently without any retching or effort on the part of the child. The milk literally shoots out of both mouth and nose. Diarrhœa may exist, but more generally there is constipation. This affection often proves both obstinate and dangerous, as all the food is ejected, till the child, reduced almost to a skeleton, dies actually of starvation. At the *post mortem* it often happens, either that nothing is found to account for death, or the mucous membrane may be much softened, and like water arrowroot in consistency and appearance. One-third of a grain of grey powder, repeated every two or three hours, will in many instances quickly stay this vomiting, which resists all other remedies.

Also a twelfth of a grain of calomel every two hours sometimes succeeds.

The soluble preparations act as purgatives, increasing the secretion from the mucous lining and the contractions of the muscular coat of the intestines. Not all, however, are employed as purgatives; and when purgation is needed, our choice falls either on calomel or grey powder; either, being tasteless, is a useful preparation for children.

Most purgatives act more efficiently when given in frequent small doses, at every hour; but this does not hold with calomel. Moreover, according to my experience, we do not much increase the purgative effect by augmenting the size of a dose, a grain acting as energetically as five grains. Again where a nightly purgative is needed, calomel does not answer, for the dose adequate to produce four or five motions the first night, will act only twice or three times the second, and often not at all the third.

The influence of mercury salts on the pancreatic and biliary secretion is still undecided. Seeing the influence of mercury on the salivary glands, some conceive it probable that it exerts a similar influence on the pancreas, a gland with a structure and a secretion very similar to those of the salivary glands.

Most opposite statements have been made concerning the action of mercury on the secretion of bile. From experiments on animals it has been concluded, though not without dissentients, that mercury in health diminishes the secretion of bile. In his report, as secretary of the Edinburgh committee appointed to investigate this matter, the late Dr. Hughes Bennett arrived at somewhat the same conclusion. This report states: (1) That neither blue pill, calomel, nor corrosive sublimate, affect the bile unless they purge, or impair the health, when the quantity of bile is diminished. (2) That during an attack of dysentery, both the solid and fluid constituents of the bile are diminished. (3) Purgation from any cause lessens the amount of bile and the proportion of its solid constituents. (See *Podophyllum*.)

Röhrig and Rutherford have re-investigated this subject, and they conclude that calomel does not increase the secretion of bile, nay, in purgative doses, it may even decrease it. Rutherford finds that bichloride of mercury does increase the secretion of bile.

Dr. H. Bennett's committee experimented on dogs regularly fed. Rutherford and Röhrig, on fasting dogs, in every instance first paralyzing the animal with curare. They first inserted a glass cannula into the common bile duct near its junction with the duodenum; then compressed the gall bladder to fill the tube with bile, and clamped the cystic duct. They then closed the wound in the abdomen, and collected the bile as it flowed through the cannula.

In some experiments Rutherford placed the calomel in the duodenum unmixed with bile, in others mixed with it; and in others he administered the calomel by the stomach.

Yet the experience of generations strongly supports the general conviction that in some diseases calomel, as well as other prepara-

tions of mercury, does increase the bile. Moreover it is not difficult to conceive that in a given disease mercury may set aside some condition hindering the formation of bile, and thus act as a cholagogue, though possibly in health it may even check this secretion. It is certain that small doses of mercurous salts will restore colour to colourless stools. Their efficacy may be over and over again tested in children, for we often meet with a child that for weeks passes quite colourless stools. In some cases grey powder will restore the colour, and this can be repeated many times in the same patient, for it often happens that some time after the discontinuance of the mercury the colour again leaves the motions.

When given to promote the secretion of bile, the common practice is to give a purgative dose for one or two nights; but if there is no constipation there is no need to purge, and a small dose, say one-sixth to one-half grain of grey powder twice or three times a day, will answer better. The administration of small doses frequently is especially advantageous in cases where the illness is apt to recur frequently from slight and scarcely preventible causes, and where the frequent employment of purgative doses would favour after-constipation, and produce depression and possibly salivation. For these reasons it is common to hear highly practical doctors decry mercurial preparations, whereas were they to employ the minute doses now recommended they would obtain the desired effect and exclude the bad results they fear. Given in the doses just mentioned, mercurial preparations in certain cases which I will now indicate are signally useful:—

I. A patient voids pale clayey stools and suffers from acidity, flatulence, or vomiting, occurring sometimes only before breakfast. Half a grain of grey powder given three times a day will often restore colour to the stools, when the dyspeptic symptoms cease at once.

II. Small doses of mercury yield excellent results in a form of diarrhœa common in children. The child's health is bad; the digestion is imperfect, generally with annoying flatulent distension; and three or four pale, clayey, pasty, stinking motions are passed in the day. A single grain of bichloride dissolved in half a pint of water, and a teaspoonful of this solution given each hour; or, still better, one-third of a grain of grey powder every hour or two hours, will in one or two days limit the number of the stools, and restore their natural bilious colour, even though they have been clay-coloured for weeks.

III. Again, we frequently meet with a case like this:—A patient, generally of nervous temperament, on exposure to cold, or after fatigue or excitement, or even without any discoverable cause, feels sick, perhaps vomits, has a coated tongue, and in a few hours, becomes jaundiced, the discoloration sometimes affecting only the

conjunctiva, in other cases dyeing the skin of the whole body yellow. The stools are pale or colourless. The attack lasts three or four days, and is accompanied by great depression. The patient may undergo many attacks, so frequently indeed, that before the discoloration of one attack has passed away, another has begun to assail him. Here one-sixth or one-third of a grain of grey powder, taken at the very onset and repeated three or four times a day, allays the sickness, cuts short the illness, increases the intervals between the attacks, and after a time cures the patient, though he may have suffered thus for several years. If, however, there is obstinate constipation, a course of Carlsbad waters is then sometimes more efficacious.

IV. The same weak bichloride of mercury solution of a single grain in ten ounces of water in doses of a teaspoonful, is very efficient in another serious form of diarrhœa common in children. The characteristics of this form are very slimy stools, especially if mixed with blood, accompanied by pain and staining. The salient indication for employing the bichloride is the slimy character of the motions. Sometimes the slime is very tenacious, and, being coloured with blood, is described by the mother as "lumps of flesh." This affection may be acute, or it may be chronic and last for months; but in either case the bichloride cures with remarkable speed and certainty.

V. A similar treatment relieves the dysentery, acute or chronic, of adults, provided the stools are slimy and bloody. A hundredth of a grain of the bichloride given hourly, or every two hours, according to the severity of the case, is generally sufficient, rarely failing to free the stools from blood and slime, although in some cases a diarrhœa of a different character may continue for a short time longer, requiring perhaps other treatment to control it.

VI. A sixth of a grain of grey powder given hourly is of great service in infantile cholera, characterized by incessant sickness, with profuse and almost continuous diarrhœa, very offensive and copious motions, watery, almost colourless, or of a dirty muddy aspect. Under this treatment the vomiting generally soon ceases, and the diarrhœa shortly afterwards. Infantile cholera is an extremely fatal disease, running so rapid a course that in a very brief space a child is reduced to a death-like aspect and dangerous condition. It is essential then to check the diarrhœa as speedily as possible. In urgent cases a starch injection, with a minute quantity of laudanum, assists the action of grey powder.

VII. We often see in infants a chronic diarrhœa, characterized by watery, very offensive, muddy-looking or green-coloured stools, often to the number of ten or twelve daily. This diarrhœa will generally yield to grey powder, in doses of a sixth of a grain, given at first hourly, and then every two or three hours, according to the fre-

quency of the stools. Vomiting is an additional indication for this treatment. Although this drug may check the diarrhœa and vomiting, yet, if the disease has endured a long time, so serious may be the injury inflicted on the mucous membrane of the stomach, that food can neither be digested nor absorbed, and the child gradually wastes away. The appearance of thrush in the mouth is an unfavourable sign, as it generally indicates profound damage to the mucous membrane of the digestive canal. So also it is a bad sign always in the chronic diarrhœa of children when the stools change in character from time to time—now watery, then slimy, at another time curdy, and at another green. It is far easier to cure a diarrhœa when the motions are of a uniform character. In most of these cases full doses of nitrate of bismuth increases the curative action of the mercury.

It is important to treat the severe forms of infantile diarrhœa promptly, for being generally inflammatory, the mucous membrane of the large, and even that of the small intestine, soon becomes seriously affected, the mucous membrane of the large intestine extensively ulcerated or considerably thickened and granular-looking, whilst the mucous membrane of the small intestine, a part of the tube less commonly affected, may be much softened. It will be readily understood that disease so extensive must take some time to cure.

Mercury, as we have seen, proves very serviceable in most of the forms of infantile diarrhœa, both acute and chronic. I have endeavoured to point out categorically the circumstances when one mercurial preparation is preferable to another. It may be urged that, as in both severe acute and chronic diarrhœa the same pathological conditions are found, the same form of mercury suitable for one case would equally benefit another. But although the pathological state is held to be identical, still some hitherto undetected differences there must be, either in the nature of the disease itself, or of the part it affects; for surely it requires a different pathological condition to produce in one case slimy stools, in another watery, and in another green curdy stools. These differences displayed in the symptoms, though at present not discriminated pathologically, require somewhat different treatment. Hence, though in each kind of diarrhœa all forms of mercury are useful, it is found that in some cases bichloride of mercury is greatly to be preferred, and in other cases grey powder. In the treatment of chronic diarrhœa, mercurial preparations are often required for many days, and it frequently happens that, though they alter the character and lessen the frequency of the motions, yet the diarrhœa may persist, and may require for its cure other remedies, like lime, arsenic and nux vomica. In the treatment of chronic, as well as in that of acute diarrhœa, too much attention cannot be paid both to the quality and quantity of

the food. Acute diarrhœa is often aggravated, and made chronic, by over-feeding; a short time after each meal the child is violently purged, and the mother seeing it wasting rapidly is apt to think she can sustain her child by giving as much food as possible; but it must be borne in mind that digestion is greatly impaired, so that but little food is digested; the excess, lodging in the intestinal canal, undergoes decomposition, and, acting as an irritant, increases the disease. Not only should the quantity of food be small, but it should be given frequently in very small portions. It is also important to clothe the child warmly, and to put a flannel roller round the belly. In most forms of diarrhœa in children I am satisfied that it is wiser to cut off milk and substitute some artificial food like Nestle's, Savory and Moore's, Mellin's, or Robinson's prepared barley, &c.

There is a form of diarrhœa, in which the child passes large, acid, offensive, curdy stools, evidently consisting of decomposing curds. Mercurial preparations, and, indeed, the other usual remedies for diarrhœa are of little avail in this form of diarrhœa, which is best treated by withholding milk entirely and substituting animal-food or an artificial food of the kind just referred to,

The chronic diarrhœa of adults, independent of serious organic change of the intestines, with watery pale stools, often yields to the hundredth of a grain of corrosive sublimate every two or three hours. The same treatment answers sometimes in the diarrhœa of typhoid fever and phthisis.

With one-third of a grain of grey powder three or four times a day, a thickly-coated creamy tongue occurring in dyspepsia, in the course of chronic disease, or in early commencement of convalescence from an acute illness, will generally rapidly get clean, with simultaneous improvement of the appetite and digestion, and removal of disagreeable taste in the mouth. If there is constipation, then it is better to give half a grain of calomel with three grains of extract of hyoscyamus repeated for three nights. The first pill generally purges twice or thrice, the second less, and the third not at all. Grey powder should be given if there is either diarrhœa or tendency to it, for, besides its effect on the tongue and stomach, it will generally control the diarrhœa, at the same time restoring their natural colour to the motions, if too light or too dark.

With the exception of the sulphide, all mercury compounds enter the blood, and are employed in a variety of diseases on account of their action on distant organs.

Small doses of corrosive sublimate increase the weight of healthy men and animals; increasing also their red corpuscles. Mercury given in excess decreases the red corpuscles. In small doses in simple anæmia, the corpuscles increase for about fourteen days, when a slight reduction follows. The hæmoglobin increases till the twenty-fourth day, and then falls again. The hæmoglobin increases in greater

proportion than the corpuscles. In syphilis accompanied by anæmia, mercury in small doses increases the red corpuscles and their hæmoglobin and diminishes the white corpuscles.

The prolonged and undue employment of mercury produces serious mischief, the body wastes, the blood becomes much impoverished, and "mercurial fever" may be induced, sometimes accompanied by pustular or vesicular eruptions. A rise of temperature occurs with sensation of heat, thirst, loss of appetite, nausea, vomiting, purging sometimes bloody stools. In mercurial tremors weakness in the upper extremities is first noticed, then voluntary movements begin to lack their usual precision, and soon slight tremors set in, and gradually increase in severity and extent till the whole body becomes affected, the legs being attacked before the trunk. These tremors are easily excited, cannot be controlled, and persist for some time. In severe cases almost every part of the body is affected by severe spasmodic movements, so that respiration is spasmodic, and the sufferer may be unable to walk, talk, or masticate. There may be neuralgic pains; loss of memory, headache, delirium, and even convulsions may occur. Salivation is sometimes absent, for the mode of poisoning greatly influences the effect of mercury, inhalation generally producing tremors, inunction producing salivation. Inunction, however, has produced tremors. Complete recovery generally takes place, provided the patient is removed from the influence of mercury before the disease has greatly advanced. The nervous symptoms are usually slowly produced, but they may occur after only a short exposure to mercurial vapour, for Dr. Christison narrates a case where one night's exposure to the vapour from a pot of mercury on a stove produced tremor which lasted for life.

The treatment of mercurial poisoning consists in the use of simple or sulphurous baths, and of iodide of potassium. The influence of iodide of potassium on mercury in the system has been spoken of elsewhere.

Mercury is preeminently useful in syphilis. The following, I believe, fairly represents the views now most generally held:—

That it is good in both primary and secondary syphilis.

That it is of use in the treatment of the hard chancre only, and does harm in the soft chancre.

That by the aid of mercury the hard chancre is more speedily cured, and the patient is less liable to secondary symptoms which, when they do occur, are milder in character.

That most forms of secondary syphilis yield quickly to mercury.

The following propositions are extracted from the admirable lectures by Mr. Jonathan Hutchinson, to whom medical science is in so many ways indebted:—

"That mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure.

"That in practice a good many cases are really cured by mercury, the cure being proved by the restoration to good health, and in some cases by renewed susceptibility to contagion.

"That the probability of cure depends upon the stage of development attained by the disease when the remedy is resorted to, and upon the perseverance with which it is used.

"That in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable quantity into the system, and to protract its use over a very long time.

"That ptyalism and other evidences of the physiological action of mercury, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy.

"That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to mercury, the indication is to reduce the dose, rather than to omit the drug.

"That it is impossible to begin the administration of mercury too soon, and that it should be resorted to, without loss of time, in all cases in which a chancre shows a tendency to indurate.

"That many cases of indurated chancre, treated early by mercury, never show any of the characteristic symptoms of the secondary stage.

"That in other cases of mercurial cure of the chancre, in which yet secondary symptoms do occur, they are usually milder than if allowed to develop without specific treatment.

"That when mercury does not wholly abrogate the secondary stage, it exhibits a remarkable power in delaying it.

"That delayed outbreaks of secondary syphilis are to be regarded rather as proof that the administration had not been sufficiently persevering, than that the remedy was not efficient.

"That it is probable that the risk of tertiary symptoms is in ratio with the severity and prolonged duration of the secondary stage.

"That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury, than in others.

"That mercury cautiously given, does not, in a great majority of cases, do any injury to the general health, and that its local inconveniences may usually be prevented.

"That the doctrine of the real antidotal character of mercury in respect to syphilis ought to lead to much more prolonged administration of it, with the hope of destroying utterly all lingering germs of the malady.

"That most collected statistics as to the duration of treatment and freedom from relapse, are misleading and worse than useless, because usually the treatment was far too short to be effectual.

"That it has not yet been proved that there are any special forms of syphilitic disease in which mercury ought to be avoided, although, as a rule, it is acknowledged that it must be used with more caution in all forms which are attended with ulceration than in others.

"That iodide of potassium possesses little or no efficacy against either the primary or secondary form of syphilis.

"That the efficacy of mercury is often most signally proved in cases which have utterly resisted the action of iodide of potassium.

"That it does not much matter whether the mercury is given by the mouth, by inunction, or by the vapour bath, provided that whatever method is selected, care is taken to avoid salivation, purging, &c.

"That the doses usually resorted to for internal administration are for the most part too large, and thus often necessitate a premature discontinuance of the remedy.

"That if one method of administration does not proceed satisfactorily, another should be tried; and that in no case of difficulty should the vapour bath be forgotten."

Many other writers agree with Mr. Hutchinson. Dr. Keyes of New York recommends the unremitting use of mercury for at least two years, and sometimes longer, in small doses incapable of producing physiological effects. Dr. Keyes entertains the belief that syphilis can be eradicated.

Most of the forms of congenital syphilis of children succumb to mercury with singular rapidity. It is a common practice to give to children small doses, as a quarter of a grain of grey powder, and to add to it a small portion of Dover's powder to prevent relaxation of the bowels. But I am convinced that much larger doses of grey powder are more beneficial, and remove the disease far more quickly, and succeed, indeed, where the smaller dose fails. Thus one, or even two, grains of grey powder may be given three times a day, unguarded with opium, for it is the rarest thing for even these doses to purge: nay, if any diarrhœa exists, a not uncommon complication, these doses check it. Moreover, they may be continued for a considerable time, till every symptom has vanished, without producing any of the toxic effects of the drug. As a rule, however, one grain of grey powder thrice daily is sufficient. Those comparatively rare forms of congenital disease, where the periosteum is affected, usually near the articulation of some of the long bones, yield best to iodide of potassium, though, as far as my experience goes, it is still necessary in most cases to resort to mercury to remove the other evidences of syphilis.

While admitting the validity of these views, it is necessary to say that sometimes syphilitic patients are apparently completely cured without mercury, by mere general treatment tending to improve the health; and further, if the health is kept in good order, the secondary symptoms will be of a mild character. Cases of syphilis occur which are entirely uninfluenced by mercury, and are curable only by diligent attention to those hygienic circumstances which mend the general health.

When other means fail, mercurial fumigations, with steam, often cure certain obstinate syphilitic rashes.

The firmest believers in the efficacy of mercury in syphilis, are unanimously agreed that to give it in quantities sufficient to produce salivation, is not only undesirable, but pernicious; yet it appears that those preparations which salivate quickest, manifest the greatest power over the disease, and hence the metallic and mercurous preparations, as grey powder and calomel, are preferred by some to the mercuric, as corrosive sublimate.

To prevent or to mitigate an attack of sick headache, it is a common and often successful practice, to take a mercurial purge, generally in

the form of a blue pill. For further suggestions as to the employment of mercury in this troublesome affection, the reader is referred to the section on podophyllum.

It was formerly thought that mercury salts were endowed with the power of controlling inflammation, and to this end they were constantly given, even to salivation; now, however, their use under such circumstances is much less general. Bichloride of mercury certainly appears to be of great use in iritis and inflammations of the deep-seated parts of the eye; and in other inflammations, especially of the serous membranes, it is probably of service in checking the inflammation and promoting the absorption of effused products.

According to very high authorities, among whom may be mentioned Dr. Parkes, small doses of calomel may be very beneficially given in typhoid fever. It should be given at the commencement; some think it useless after the ninth or tenth day. It is considered to lessen the height of the fever, to shorten its course, to render the intestinal derangement much milder, and to check the diarrhœa. Some push the medicine till the gums are slightly touched; but this practice, not only unnecessary, but harmful, should be carefully avoided.

Calomel administered several times a day is strongly recommended as a powerful diuretic in cardiac dropsy, and, according to some writers, also in renal dropsy. It has been recommended in cirrhotic ascites. Sometimes its effects are only temporary.

Mercury remains a long time in the body, and may accumulate, so it is said, in globules in the cancellous structures of bone.

Mercury salts are to some extent eliminated by the urine, by the mucous membrane of the intestines, and with the bile; indeed, it has been found in every secretion, physiological and pathological.

PREPARATIONS OF COPPER.

Applied to the unbroken skin, the soluble salts of copper produce no visible effect. They unite with the soluble albuminous substances on sores, forming an insoluble albuminate, which coats the surface, and, in an imperfect manner, may take the place of the lost cuticle. The thin pellicle thus formed protects the delicate structures from the air, and the substances floating in it, and so promotes the healing process. Like many other metals these salts condense the structures and constringe the blood-vessels, and so lessen the supply of blood to the part, and may even arrest hæmorrhage from the small vessels. They

act as irritants to the delicate tissues, producing slight inflammation, with some smarting pain.

To arrest bleeding, and as an irritant on indolent sores, the sulphate is most employed, either in stick or solution, or as an ointment.

Indolent forms of impetigo, after resisting the more usual applications, will sometimes yield to sulphate of copper.

In tinea tarsi the solid sulphate may be rubbed, often with conspicuous advantage, along the edges of the eyelids, the eyelashes having been previously cut off closely, and the scabs carefully removed. Indeed, in every case where slight stimulation is required, this salt may be used. Milder in its action than nitrate of silver, it excites much less pain.

The soluble salts combine in the mouth with the liquid albuminous substances of this cavity, and precipitate them more or less completely; but if used in quantity more than sufficient to do this, the mucous membrane itself is attacked in a manner altogether similar to the abraded skin. These salts possess a metallic styptic taste. The sulphate in the solid form may be applied with advantage to the spots of psoriasis, simple or specific, or to indolent sores affecting the tongue. Painted in solution over the edges of the gums in ulcerative stomatitis, it generally quickly heals the ulcerated surfaces, but on the whole dried alum is to be preferred.

A weak solution of this salt painted over the mucous membrane will remove the white curdy-looking coating of thrush, and prevent its renewal.

The soluble salts in the stomach behave in the same manner as in the mouth, and if taken in large quantities, act as powerful irritant poisons.

These salts are emetic; the sulphate, being speedy, and mostly effectual, is not unfrequently prescribed. A good way to give this salt as a vomit is to administer it in small and frequently-repeated doses. It generally produces one copious evacuation, neither purging nor producing much nausea or prostration. It is supposed to exert an especial action on the larynx, hence it is sometimes given in croup, and when it is necessary to expel any obstructive substances from the glottis by the mechanical efforts of vomiting.

Copper salts, like zinc salts, alum, mustard, common salt, warm water and bitter infusions, acts topically on the stomach, and but slightly through its direct action on the centre of vomiting after its absorption into the blood.

In moderate doses the salts are astringent to the mucous membrane of the intestines. The sulphate, administered either by the mouth or by injection into the rectum, is often effectual in staying severe chronic or acute diarrhœa, whether or not depending on serious organic disease.

Copper salts, taken for a considerable time in small quantities, are said to give rise to a condition not unlike that produced by lead; for example, colic, with alternating constipation and diarrhœa, and, it is even said, paralysis of the upper extremities, undistinguishable from that of lead.

Salts of copper find their way into the blood, existing there probably as albuminates.

Drs. Levi and Barduzzi find that small doses of sulphate of copper promote assimilation, and increase strength and "flesh" in man and animals. They are used with benefit in erythema, ecthyma, eczema, scrofula, tuberculosis. Copper, therefore, appears to act physiologically and therapeutically much like arsenic, and, like it, should be taken with, or soon after, food.

Copper salts have been given in cholera and epilepsy.

Solutions of the sulphate are employed in gonorrhœa, gleet, and leucorrhœa.

Copper is eliminated both by the urine and fæces.

PREPARATIONS OF ZINC.

The members of this group are employed in various ways as external applications.

Even in dilute solutions chloride of zinc destroys low organized forms, and is thus disinfectant and antiseptic.

Their common action is astringent and irritant; but on account of their different degrees of solubility, their varying affinity for water, and perhaps for the tissues, the several members of this group manifest these properties in unequal degrees.

The chloride and iodide, from their high diffusion-power and great affinity for water, are the most energetic; yet even these remain almost inert on the skin, unless the cuticle is first removed, when they permeate the tissues, and destroy them for a considerable depth. The chloride at first produces a sensation of warmth, which increases to a burning pain, lasting seven or eight hours, by which time the tissues are destroyed, and a white eschar is formed, which separates in from seven to twelve days. The chloride and iodide, as we have just said, have hitherto been regarded as the most energetic salts of this series, but recently Mr. John Marshall has shown by experiments that the nitrate penetrates deeper than the chloride, destroying the tissues to a greater depth, and, according to the same authority, possesses the further advantage of producing less pain than the

chloride. These three preparations, but especially the chloride, are applied to nævi, warts, condylomata, the skin affected with lupus, and the tissue of syphilitic ulcers.

The sulphate having a lower diffusion-power, its action is much more superficial. In common with the other soluble salts of zinc, it forms an insoluble compound with albumen, and by virtue of its astringency condenses the tissues, and contracts the blood-vessels. As a stimulant and astringent it lessens the secretions, and promotes healthier growth of ill-conditioned, free-secreting sores or eruptions In common with the chloride it is used as an injection in gonorrhœa or gleet.

A grain or two grains of chloride of zinc dissolved in a pint of water, and a little of this solution injected hourly during the day, is often useful in gonorrhœa, if treated at its very beginning, removing the disease in twenty-four to forty-eight hours. Rest, if possible, should be observed; but this is not indispensable. If the frequent injection causes any pain in the testicles, they should be suspended, and frequently fomented with hot water; if, notwithstanding, the pain continues and the swelling increases, the injection must be employed less often.

A solution so weak as the one recommended is no better, it may be said, than simple water; but the fact is, simple water does not cure with anything like the same rapidity. If some of this solution is taken into the mouth, and retained there a few seconds, it will produce a decided roughness of the mucous membrane; now, if the solution is strong enough to affect the mucous membrane of the mouth, it can certainly influence, in at least an equal degree, a similar, but more sensitive, structure in the urethra.

The carbonate and oxide are insoluble, or but very slightly soluble, in the animal fluids; and as these salts possess no affinity for water, their action on the tissues is very weak. They are, however, slightly astringent, and are useful on account of this property, in ointment, or in powder. The ointment of the oxide is used as a mild stimulating application in eczema and impetigo, when inflammation having subsided the raw surface is left in an indolent state, with very little disposition to heal. Both the oxide and carbonate are used as dusting powder, and are, perhaps, the best powders for this purpose; but, as a rule, greasy applications are preferable. In inflamed conjunctiva, a weak solution of the sulphate dropped into the eye several times a day is often very useful. The same salt is occasionally employed as a gargle in relaxed sore-throat, and is sometimes added to alum injections for leucorrhœa.

The more soluble preparations possess a metallic styptic taste. None are employed in diseases of the mouth. The chloride has been used to destroy the exposed painful pulp of decayed teeth.

The carbonate in large doses produces some nausea and vomiting;

but a full dose of the sulphate acts much more speedily, is a safe emetic, producing little prostration or nausea, and generally empties the stomach in one complete evacuation. It is, therefore, the best emetic in cases of poisoning, being far preferable to the slow and unsure action of ipecacuanha. It may be employed as an emetic in bronchitis or croup; in bronchitis, to expel the mucus from the bronchial tubes; in croup, the false membrane from the larynx; but other emetics are mostly preferred. The sulphate may be employed as an emetic, or in doses short of the induction of vomiting, in painful affections of the stomach, dependent on chronic inflammation of the mucous membrane. Injected into the blood, the sulphate excites vomiting; it acts, however, chiefly by its topical action on the stomach.

On account of its slight solubility, the oxide exerts but slight action on the stomach, little being dissolved unless much acid is present. Like most other metallic preparations, the oxide and sulphate of zinc are useful in acute or chronic diarrhœa.

Dr. Brackenridge strongly recommends oxide of zinc in two to four grain doses every three hours in the diarrhœa of children.

The chloride is a corrosive poison. The sulphate, on account of its astringency, like most other metallic salts, may be employed in diarrhœa. Its action must take effect on the upper part of the canal, since the portion escaping absorption must be speedily converted into an inert sulphide. The stomach may become habituated to the ingestion of very large doses of the sulphate, to the extent even of forty grains thrice daily, without obvious bad results, or without inducing either nausea or vomiting, or apparently any alteration in the mucous membrane of the digestive canal. As it has been shown that superficial ulceration of the stomach may be produced, the prolonged employment of such doses is imprudent.

Zinc colic has been described with symptoms including constipation, vomiting, prostration, with disagreeable taste in the mouth.

Zinc finds its way into the blood, and exists there probably as an albuminate.

The oxide and sulphate have been employed with advantage in epilepsy and whooping-cough. In bromide of potassium we now possess a better remedy for epilepsy.

Sulphate of zinc is often very useful in chorea. Like tartar-emetic, it succeeds best when given in doses sufficient to produce nausea, or even vomiting, daily. To effect this, however, the dose must be rapidly increased, sometimes to the extent of two grains every two hours daily, and it is astonishing how much of this drug can be borne, for I have given fifteen and sometimes twenty-two grains every two hours without producing nausea. Thus administered this salt often effects striking improvement, but these heroic doses after a time excite pain at the pit of the stomach with loss of appetite,

and when this happens, another emetic, like tartar-emetic, may be substituted. When given to excite nausea, it is a good plan to administer a dose before breakfast.

It is a noteworthy fact that most emetics are useful in chorea. Do they act by exciting the physiological state of nausea, or by their operation on the nervous centres through which emetics produce nausea? As improvement occurs in many cases independently of the induction of nausea, the latter suggestion is probably the more feasible.

Zinc salts are reputed to be powerful "nervine tonics," a somewhat vague expression, meant, I suppose, to imply that they promote the nutrition of the nervous system, and some authorities attribute to this property the influence of these salts in chorea. In certain forms of hysteria zinc salts are useful, especially in the shape of the valerianate.

These substances are reputed to be antispasmodic. When they produce nausea no doubt they indirectly act thus; but it is doubtful whether non-emetic doses are efficient antispasmodics.

The oxide in two to four grain nightly doses often controls profuse colliquative sweating. It is said also to check the profuse secretion from the bronchial mucous membrane in some forms of bronchitis.

Dr. Hammond recommends oxide of zinc, in two to five grain doses, for nervous headache.

This metal does not become fixed in the body, nor does it, like lead or mercury, produce chronic affection. Zinc salts are eliminated from the body less rapidly than some other metals, passing out in small quantities only by the urine. It has been asserted that very little of the salts pass into the blood, which may be true; but the fact that the chief part may be re-obtained from the fæces is no proof of this statement, as zinc, like many other metals, is probably excreted by the mucous membrane of the intestines, and with the bile.

Zinc chloride, even in dilute solution, is a powerful poison to low forms of life. Hence it is antiseptic and disinfectant, and is used to destroy the contagiousness of typhoid stools. A strong solution should be poured into the bed-pan before, or immediately after, an evacuation.

PREPARATIONS OF ANTIMONY.

TARTAR-EMETIC, in the form of ointment, excites in the skin a characteristic inflammation, at first papular, then vascular, and lastly pustular. The rash thus runs the course of the eruption of small-pox, and in each stage simulates it very closely, though there are

points of difference distinguishable to a practised eye. Like small-pox eruption, this rash often scars; moreover, the capricious and painful action of this ointment renders it an unsuitable external application.

Tartar-emetic ointment used years ago to be employed, though now very rarely, as a counter-irritant to obtain a powerful persistent action; for instance, to the scalp in tubercular meningitis.

Chloride of antimony is a powerful escharotic, but it produces an ill-conditioned, slow-healing sore.

Tartar-emetic being the most used member of this group, our remarks, except when the contrary is stated, will apply to this preparation.

After small medicinal doses the stomach experiences a slight sensation of soreness—a sensation easily mistaken for hunger. Pushed yet further, the drug produces increased secretion of mucus from the stomach and intestines, to the extent of inducing numerous moist motions; and diarrhœa with colic may set in. The bronchial mucous membrane also yields an increased secretion, and probably the secretion of the whole mucous tract is augmented.

Antimony is never used as a purgative; in fact, opium is frequently given in combination with tartar-emetic, expressly to prevent purgation. Large doses excite nausea and vomiting. As an emetic, tartarized antimony produces considerable depression, with much nausea in a greater degree than those other emetics; and the repeated vomiting is accompanied by great straining. Its action is somewhat tardy, sometimes twenty minutes to half an hour, hence in cases of poisoning it is an unsuitable emetic.

Majendie has shown that when injected into the veins tartar-emetic excites nausea, even after the removal of the stomach and its substitution by a pig's bladder; hence it has generally been held that this salt produces vomiting, not by its effects on the stomach, but on the nervous centres. Grimm finds that when injected into a vein it excites vomiting more slowly, and a larger dose is required than when administered by the stomach, whence he concludes that it produces vomiting by its effects on the termination of the nerves of the stomach. He disposes of the difficulty raised against this view by Majendie's experiment, by assuming that tartar-emetic excites nausea by its effects on the termination of the nerves of the œsophagus and intestines. Other observers explain the foregoing facts by the supposition that tartar-emetic acts both through the terminations of the nerves of the stomach and directly on the centre for vomiting.

Tartar-emetic was formerly employed to induce muscular weakness and relaxation of spasm, to facilitate the reductions of dislocations and hernia; but in such cases chloroform has now completely superseded it.

Trousseau taught that food influences greatly the action of anti-

mony, a low diet favouring the production of its constitutional effects, and a full diet its emetic and purgative effects. Its action is further modified by the quantity of water administered with it; this being small, vomiting takes place, if large, diarrhœa. Trousseau further observed that certain substances modify the effects of antimony; for wine and acid fruits, both fresh and preserved, develop its emetic and purgative properties.

The soluble antimony compounds easily enter the blood, but the form they assume there is unknown. Possibly the oxide of the metal, either in the stomach, intestines, or blood, combines with albumen, forming an albuminate. Antimony compounds, it is said, do not combine with albumen, except in acid solutions, when an insoluble compound is formed.

In antimonial poisoning there is great motor and sensory paralysis, and loss of reflex action. The loss of reflex action and motor power Radziejewski shows is due to the effect of the tartar-emetic on the cord. This salt also powerfully affects the heart in the frog, slowing and then arresting it in diastole; and it affects the heart of warm-blooded animals in the same way. The arterial pressure falls greatly. Whilst the pulse is slow the diastolic pauses are long, but each beat influences the mercurial column of the cardiometer five times more than normal. After a large dose the pulse at last becomes very frequent and feeble, and the heart stops in diastole. Tartar-emetic directly affects the heart; affects it even when the heart is removed from the body. Radziejewski has shown that the ends of the vagi are paralyzed, and Ackermann that the contractility of the cardiac muscle is destroyed.

In the *Journal of Physiology*, I have published, in conjunction with Dr. Murrell, some experiments showing that tartar-emetic, like potash-salts, arsenious acid, aconitia and hydrocyanic acid, is a protoplasmic poison which destroys the functions of all the organs of the body in the order of their vital endowments. We have shown that the general paralysis which ensues in a frog in the hypodermic injection of tartar-emetic is due to the action of the drug on the spinal cord, thus confirming previous experimenters; and that tartar-emetic is also a direct paralyzer of the motor nerves, and of the muscles. Our experiments confirm the conclusions of previous observers concerning the action of tartar-emetic on the muscular substance of the heart.

We have thus shown that tartar-emetic paralyzes the central nervous system, the motor nerves, the muscles, and destroys sensation, and therefore we are led to infer that probably tartar-emetic is a protoplasmic poison, destroying function in all nitrogenous tissue. Our experiments, however, fail to show whether it manifests for all nitrogenous tissues an equal affinity, or whether it has a special action on some.

As in the case of potash salts, arsenious acid and aconitia, tartar-emetic, we suggest, weakens or paralyzes the heart through its action on all the tissues, ganglia, nerves, and muscular substance of this organ, affecting first the ganglia, then the nerves, and last the muscular substances.

Tartar-emetic is a general as well as a cardiac depressant. The general depression is usually attributed to the action of the drug on the heart; but, as antimony is a poison to all nitrogenous tissues, I would suggest that its depressing action is due also to its effects on the central nervous system, the nerves, and the muscles.

We noticed a peculiar effect of tartar-emetic on the skin. In a few hours the cuticle of a poisoned frog became softened and gelatiniform, too soft to be stripped off, though it could be easily scraped off every part of the body. Even small doses soon produce this remarkable effect, for in one experiment the skin, after a small dose, became in this condition even whilst the animal could still crawl pretty well.

Miss Nunn, under the direction of Dr. Michael Foster, has carefully worked out the effect of tartar-emetic on the skin, and the results are published in the *Journal of Physiology*, 1878; and to her investigation I shall refer in the article on arsenic. Malcolm Morris highly praises tartar-emetic in $\frac{1}{32}$ grain doses in acute eczema. It is less successful in the chronic forms.

Like arsenic and phosphorus, tartar-emetic destroys the glycogenic function of the liver, and induces fatty degeneration of this and other organs. It splits up the nitrogenous matter into fat and some compound wherefrom leucin, tyrosin, and urea are formed, so that in cases of antimony poisoning there is increased formation of urea in the urine, and increased elimination of carbonic acid in the expired air; moreover, tartar-emetic increases both the insensible perspiration and the vapour from the lungs, but chiefly the secretion from the skin. Tartar-emetic wine is commonly given as a diaphoretic in fevers.

Many cases of ague are curable by the impression emetics make on the system. An emetic administered each morning will help the action of quinine, for cases rebellious to quinine alone often yield immediately to the joint action of quinine and emetics. Ipecacuanha and other emetics should be preferred to antimony.

Antimony will not lower the temperature of the body of a healthy person, if one experiment may be accepted as sufficient to settle this point. To a strong young man I gave tartar-emetic in half-grain doses every ten minutes for nearly seven hours, inducing great nausea and vomiting, with profuse perspiration; but during the whole time his temperature remained remarkably constant, varying not more than 0·4 Fahr., an amount of deviation quite within the limits of health.

Tartar-emetic acts in many respects like aconite; given in $\frac{1}{30}$ to $\frac{1}{60}$

grain doses each hour to a fever patient it produces copious perspirations and slows the pulse, and with the perspiration, restlessness, &c., disappear. In $\frac{1}{30}$ grain doses it often excites troublesome sickness, even in adults, and it is better therefore to begin with a $\frac{1}{30}$ to $\frac{1}{60}$ grain. In my experience aconite, tartar-emetic and carbonate of ammonia are the most powerful diaphoretics in fever, and next though a long way inferior, acetate of ammonia.

Tartar-emetic is highly useful in catarrh of any part of the respiratory tract. A dose of $\frac{1}{60}$ of a grain hourly induces perspiration and secretion from the mucous membrane, and cuts short the attack. Small hourly doses are preferable to larger doses at longer intervals, for larger doses may excite nausea and even vomiting with much depression. Being tasteless, this is an excellent treatment for children, for the drug may be made quite palatable by the addition of syrup of orange peel. The addition of a small dose of potassium iodide, as one-sixth of a grain in each dose, heightens its action.

Antimony administered in the same way will shorten and moderate attacks of feverish cold, tonsillitis, pleurisy, orchitis, bronchitis, puerperal peritonitis, inflammation of the breast, whitlow, and other inflammatory affections.

Antimony is serviceable in chronic bronchitis, when the expectoration is copious, frothy, and difficult to expel.

In the following disease tartar-emetic is invaluable :—

A child six to twelve years old on the slightest exposure to cold is attacked with much wheezing and some difficulty of breathing, sometimes so urgent as to compel him to sit all night propped with pillows. The expectoration may be pretty abundant, but a child of this age does not generally expectorate. On listening to the chest there is heard much sonorous and sibilant, with perhaps a little bubbling, rhoncus; but this last is often absent. The wheezing is audible for a considerable distance, and sometimes the noise is so great as to be heard many rooms off. Occasionally the cough is troublesome, and on each exposure to cold the voice may become hoarse, and the cough hollow and barking. Some children become thus afflicted whenever the weather is cold, even in summer, and may not be free the whole winter: with others the attack lasts only a few weeks or days. This affection sometimes follows measles. It is compared by the mother to asthma, with which, if not identical, it is certainly allied.

The best way to administer this salt is to dissolve a grain of it in half a pint of water and to give a teaspoonful of the solution every quarter of an hour for the first hour, afterwards hourly. If the wheezing comes on at night it is sufficient to give the medicine at this time only. The good effects of the medicine become speedily evident; for on the very first night it often greatly benefits the child. So small a dose, it may be thought, must be inefficacious, but

when first given it generally produces vomiting once or twice in the day, and, as it is not necessary to produce sickness, the dose in this case must be still smaller.

There is, however, an affection unaffected by tartar-emetic somewhat similar to that just described, which it is necessary to discriminate from it. It occurs in children a few months old, and consists of a loud rattling, which is obviously caused by mucus in the throat or larynx. In some cases the rattling is worse in the day, but is usually worse at night. There is no bronchitis, or if there is, this is a mere coincidence; nay, sometimes on the occurrence of bronchitis the complaint in question ceases for a time. It is brought on and aggravated by cold, and may last, with some fluctuations, many months.

Antimony in small hourly doses is very useful in the acute catarrh of children, sometimes accompanied by vomiting and diarrhœa, probably due to catarrh of the intestines. The intestinal canal is sometimes the first attacked, but most frequently the lungs are first implicated. The tartar-emetic generally quickly stays the vomiting and diarrhœa, but often takes a longer time to control the bronchitis.

Antimony in large doses was formerly freely used in acute pneumonia. In some cases small hourly doses certainly seem very useful, when administered at the onset of the disease.

Graves employed antimony in typhus and other fevers when there is much excitement and furious delirium, symptoms which are generally subdued by the exhibition of this drug. As wakefulness is a concomitant symptom, being, indeed, the cause of the excitement and delirium, opium should be added to the antimony. The combined influence of these remedies calms the excitement, and induces refreshing sleep, out of which the patient wakes refreshed and free from delusions. Judiciously employed, these remedies may save an almost hopeless life. Each drug appears to assist the action of the other; and the relative doses must be determined by the circumstances of the case. In furious delirium the tartar-emetic must be given in full, and the opium in small, quantities; while if wakefulness predominates, with not very boisterous delirium, the dose of tartar-emetic must be reduced, and the opium increased.

Graves advises one-fourth to one-half a grain of the salt every hour or two hours, to be discontinued when it produces bilious stools. This treatment is very useful in the delirium which usually sets in about the ninth or tenth day of typhus.

The mania and sleeplessness of delirium tremens generally gives way to the same treatment.

Puerperal mania may be treated in the same way, although probably bromide of potassium and chloral give better results.

Tartar-emetic given to the extent of producing nausea and vomiting once or twice a day is sometimes useful in chorea. (See Sul-

phate of Zinc.) Increasing doses must be given, as the system appears soon to tolerate it. Other remedies, however, are more efficient.

In strumous ophthalmia tartar-emetic may be given with advantage, in doses of 1–36th to 1–48th of a grain three or four times a day. Sharp purgation at the commencement of the treatment is highly useful.

In acute poisoning by tartar-emetic violent and continuous vomiting occurs, accompanied with a diarrhœa of bilious and bloody stools, and sometimes the common symptoms of gastro-enteritis, and sometimes of peritonitis, are present. The prostration is intense, and profound, and repeated faintings take place. The respirations and the pulse are said to be reduced both in frequency and in strength; others assert that the pulse is more frequent.

The post-mortem appearances are inflammation of the stomach and intestines, but not often of the gullet. The peritoneum may be, and according to Harley, the rectum often is, inflamed, and some inflammation of the lungs is usually observable, tending to make it probable that tartar-emetic exerts an especial action on these organs.

In the treatment of poisoning by tartar-emetic the vomiting should be promoted by warm demulcent drinks, while strong tea or coffee, tannin, or decoction of oak bark should be diligently administered.

The statements concerning the influence of antimony on the urine are conflicting. The probable effect of tartar-emetic on this excretion is to lessen the amount of water and of chloride of sodium, owing to increased perspiration. The urea is greatly increased, apparently in proportion to the dose of the antimony; so is the pigment and uric acid, but in a less degree.

Antimony is separated chiefly by the kidneys; some, however, passes with the bile, and by the stomach and intestines. A portion is retained in the body.

PREPARATIONS OF ARSENIC.

Arsenious acid is poisonous to many of the lower forms of animal life, but it does not impair the action of animal ferments, as pepsin pancreatine, &c.

Dry arsenious acid produces no changes in the unbroken skin, but in wounds or sores it excites very active inflammation, with much pain, sufficient, if the application is a strong one, to destroy the tissues for some depth. Arsenious acid has long been used to des-

troy warts, condylomata, cancerous growths, the nerve of a carious tooth, &c.

It may be applied pure, or mixed in variable quantities with some bland powder, as starch. At times this application has enjoyed a high reputation, whilst at other times it has fallen into almost complete disuse. Some have fallen victims to this treatment, it is said, through the absorption of arsenic in sufficient quantity to destroy life; but an untoward result like this can occur only when certain well-known precautions are disregarded. Absorption can be effectually prevented if sufficient arsenic is employed to excite active inflammation; for inflamed tissue loses the power of absorption more or less completely. Produce active inflammation, and the patient is safe; but if, through fear of poisoning, too little arsenic is used, that is the most efficacious way of doing what it is desired to avoid. Surgeons experienced in the employment of arsenic recommend that, if the tissues to be destroyed are extensive, the arsenic should be applied to a part only of the surface at a time. When employed to remove large growths, like cancer, the skin being unbroken, incisions are first made, and into these the arsenical paste is laid, which soon stirs up active and deep-seated inflammation, and the growth dies for a considerable depth. The whole tumour often sloughs away from the healthy tissues—is in fact enucleated—leaving a clean and healthy sore, which heals without trouble in fifteen to thirty days.

Lupus and other obstinate skin affections may be treated in the same way.

Arsenious acid and powdered acacia, of each an ounce, blended with five fluid drachms of water, form an arsenical mucilage much used by Doctor Marsden to remove epitheliomatous growths. Some of this arsenical mucilage is to be painted over the tumour night and morning, great care being taken to limit its employment to the diseased tissues. Each application, covering not more than a square inch, is to be several times repeated, and the separation of the sloughs aided by poulticing.

The following powder may also be used:—Fresh lime, half an ounce; yellow sulphide of arsenic, 20 grains; starch, 180 grains. The arsenic should constitute one-fifth or one-sixth part of the arsenical powder, so as to insure the excitation of sufficient inflammation to prevent poisonous absorption. This powder may be also cautiously used as a depilatory.

Liquor arsenicalis painted over warts is said to cause them to disappear, and a limited experience leads me to believe that the arsenic does appear to disintegrate the wart, so that pieces of it drop off, or can be picked out. If very large it must first be dissolved away with liquor potassæ, to allow the liquor arsenicalis to come in contact with the softer tissues below. It has appeared to me to be also a useful

application to corns. The corn should be well pared down and the liquor arsenicalis applied thrice daily. This treatment I have seen greatly improve even hard corns on the sole of the foot. Salicylic acid is a very useful application to corns.

An arsenical bath is useful in some forms of rheumatoid arthritis. It is made by adding to the water in an ordinary general bath four ounces of common washing soda and twenty grains of arseniate of soda.

Arsenic has a sweetish taste. In moderate doses it apparently neither undergoes nor produces any changes in the mouth. Dentists employ it as an escharotic to destroy the exposed sensitive pulp of decayed teeth, or to destroy the pulp before stopping the tooth. If used to quell pain, the arsenic may be mixed with opium; it sometimes first aggravates the pain.

We see, chiefly in children and occasionally in adults, a circular rash on the tongue, which begins at a point, then enlarges, and separate rings may coalesce. Sometimes the edges are not raised, and the patch looks as if due merely to separation of epithelium, leaving the surface unduly clean and smooth; in other cases the edges are raised, and have a gelatinous aspect. This affection is often very obstinate, frequently recurring, and is generally connected with stomach or intestinal disturbance; some cases being always associated with diarrhœa. Other cases are associated with a rash over the body, like lichen urticatus. In this affection of the tongue arsenic has appeared to me to be useful.

The vapour of arsenical cigarettes drawn into the lungs is sometimes useful to prevent or to lessen attacks of asthma, and in acute and chronic coryza and chronic bronchitis. They may be made by saturating paper with a solution containing fifteen grains of arsenite of potash in an ounce of water. (Stillé.)

These cigarettes may be used in chronic phthisis.

Arsenic given in medicinal doses is very effective in sloughing of the mouth or throat, malignant sores, as cancrum oris, malignant sore throat and the like. It is also useful in chronic coryza.

There are certain curious complaints of the respiratory tract more or less allied to asthma, which I will now refer to. In these cases of quasi-asthma a dose of one, two, or three drops of the solution of arsenic three times a day often proves serviceable.

I. A patient is seized, perhaps daily, or even several times a day, generally in the morning directly on rising, or soon after, with an attack of persistent sneezing, with profuse running from the eyes and nose, accompanied sometimes with severe frontal headache. Each attack may last several hours. Several days sometimes elapse before the recurrence of an attack, which is then usually severe, lasting twenty-four hours, or even longer. The sneezing is generally accompanied, and sometimes preceded, by itching at a small spot

situated inside one or both nostrils, not far from the orifice, but in some cases the itching affects the whole of the inside and outside of the nose, extending even to the face, sometimes even to the lips and external meatus. The throat and soft palate may itch or feel rough. These attacks are excited by exposure to cold, by dust, strong sunlight, and sometimes from unascertainable causes.

II. We occasionally meet with cases, apparently identical with that just described, but with this difference—the attack is excited by food, is most severe after the larger meal, and lasts from twenty to forty minutes. One patient felt itching in the nose, throat and ears, in distinctly periodic monthly attacks, worse in summer. Food brought on this attack, but a chill sometimes induced a paroxysm.

III. Arsenic is invaluable, too, in another more developed and severer form. We not seldom find a patient, prone to catch cold, attacked with severe and repeated fits of sneezing, accompanied with profuse clear nasal discharge, and severe frontal headache. Each attack, generally worse in the morning, lasts a few days; but, owing to the great susceptibility to cold, it frequently recurs. Severe itching of the ala of one or both nostrils often forewarns the patient of an approaching attack. A simple irritant like dust may be adequate to excite a paroxysm. Continuing in this form for some time, occasionally for years, the affection may then extend from the nose, along the throat, to the lungs, producing sore throat, soon followed by much difficulty of breathing, great wheezing, and free expectoration. The lung affection may last for some weeks. When this severe form has become established the lungs may be attacked without any preliminary affection of the nose or throat.

IV. Again, among children, we not uncommonly meet with a similar, and perhaps identical, disease. A child, perhaps six months old, undergoes a severe attack of bronchitis, and thenceforth becomes very prone to catch cold. Then, on catching cold, he is seized with frequent and incessant sneezing, lasting a variable time, sometimes a few hours, sometimes three or four days, and resulting in bronchitis, accompanied by much fever, wheezing, and great embarrassment of breathing, severe enough even to compel the patient to sit up in bed. The coryza may sometimes precede the dyspnœa three or four days, the shortness of breath continuing for many days, or even weeks after the cessation of the coryza. It is, indeed, a form of asthma. The child encounters many attacks in the year, especially during the winter, and may continue liable to them for years, and then, perhaps, lose them, or they may engender life-long asthma.

V. Or we meet with cases like the following:—A patient suffers from asthma for several years, and then is seized with severe attacks of sneezing. These attacks, strange to say, may not occur coincidently with the paroxysm of dyspnœa, the sneezing takes place in the

morning in rising, whilst the difficulty in breathing comes on in the afternoon, or at night.

These cases appear related on the one hand to bronchitic and dyspeptic asthma, and on the other hand to hay fever. They are allied to the bronchitic form of asthma, being excited by dust, cold, and direct irritants; and to bronchitic asthma, through those cases where the paroxysmal coryza is always accompanied by a bronchial asthma; and again, to bronchitic asthma, through those cases commencing as paroxysmal coryza, the disease extending and becoming complicated with bronchial asthma, or *vice versâ*. To the peptic forms of asthma this paroxysmal sneezing is related through those cases where the attack is excited by food; and those where the patient, a confirmed asthmatic for many years, then becomes afflicted with paroxysmal coryza, induced by food, the asthma at last ceasing, the coryza alone remaining. This typical case further illustrates the connection between paroxysmal sneezing and dyspeptic asthma; a child since six months old is subject to attacks occurring every few months, most common in winter, beginning with not very severe sneezing, lasting from a day to a week, often, but not invariably, followed by an attack of bronchitis, with much difficulty of breathing, and fever. Even when free from an attack the child, after a full meal, suffers from stuffy breathing.

The following cases, occurring in the course of four generations in the same family, show the intimate connection between the intermittent sneezing and asthma, for asthma was followed in the grandson by hay-asthma, and he begot an asthmatic child, who suffers all the year round from severe attacks of itching and sneezing, not due to pollen, as was the case with his father; one patient showing that even hay-asthma may be influenced by climate, whilst his son especially exemplified the intimate connection between intermittent sneezing and asthma, for in his case both co-existed, and both were peptic in kind, being each greatly and mainly influenced by diet, and in the case of his father also by climate.

Mr. H., aged 35. His grandfather was asthmatic for years, dying close upon eighty years of age. Mr. H. himself suffered from hay-asthma from babyhood. The attacks occur only in the spring, during the hay season, and last six weeks. If he goes into a hayfield, nay, near one, he is stricken immediately with a severe attack of intense itching of the whole inside of the nose, and of the entire conjunctiva of both eyes (though not over the frontal sinus), and of the throat, accompanied by violent sneezing, and profuse discharge from the eyes and nose. His eyes become bloodshot, and the lids swell, sometimes to such an extent that he can scarcely see. His breathing is very difficult, and without expectoration. So intensely susceptible is he, that a field a great distance off will affect him; nay, if his children play in a hayfield and then come indoors he will have an attack. Other flowers besides grass or roses, &c., at this time, will bring on a mild attack, but at no other time of the year. Strong sunlight also induces them, unless protected by large dark-glassed spectacles. *Strange to say, that whilst severely affected in Sussex, his native county, he is quite free in Windermere, in Scotland, and in Devonshire, even though the grass is in full bloom.* Thus, on one occasion, when suffering from a severe attack, he started for Linton, in North Devon, and after leaving Barnstaple he began to improve more and more, and while at Linton he was quite free, though the house he lived in was close to a grass field in full blossom. On one occasion, whilst yachting

in St. George's Channel, but not till the fourth day from land, he was seized with a severe attack. For the last four years he has inhaled quinine spray through his nose with marked benefit. His sister, twenty-four years old, has had hay-asthma for the last four years. His son, aged ten, has suffered from severe asthma since a sharp attack of bronchitis when three years old. He suffers all the year round almost continuously from severe itching inside the nose, in the eyes, throat, ears, and under the chin. When these symptoms are aggravated he has severe sneezing, with rather free discharge of clear fluid from his nose. Any kind of dust aggravates the symptoms, but not especially pollen. He suffers also from wheezing, and when the itching and sneezing are aggravated, from much difficulty of breathing and violent cough.

All these symptoms are very greatly influenced by food; thus the itching, &c., and the dyspnœa, are always aggravated by pastry, sweets, and especially by a heavy meal taken in the evening or late at night. He has been much worse since an attack of the measles three months ago, and subsequently any food, even bread and butter, increases both the itching and the difficulty of breathing. He does not easily catch cold at Brighton, where he is always free from all his troubles, and on one visit to Linton he lost all his symptoms during his sojourn there. His stomach has lately been very delicate, so that he vomits very readily. He is very flat-chested and round-shouldered, he wheezes loudly, and his expiration is very greatly prolonged.

The following interesting and instructive family history throws much light on the affinities of these curious complaints. A woman when young suffered from bronchial asthma, which left her for some years, and then she became affected with hay-asthma. She bore two sons. One, aged nineteen, has suffered for two years every morning during the summer from violent attacks of sneezing, and profuse watery discharge. These attacks are not excited by hay nor the smell of flowers.

Another son, aged thirty, has been subject to asthma and bronchitis since five years of age. It began, and for a long time continued, of the same character as that so often seen in the commencement of asthma, especially in young children, beginning by an attack of cold in the head, with fever, lasting about three days, followed by about nine days of asthma. (See Aconite.)

The bronchial asthma of the mother was most severe in the winter. From this she quite recovered, and remained well for several years; but during the last ten years she has suffered from well-marked hay-asthma, the attacks being apparently solely due to hay.

Her son, aged 19, for two years has suffered from violent attacks of sneezing and much running from the nose, the paroxysm lasting sometimes for hours. They are accompanied by much itching of the whole inside of the nose. There is no dyspnœa or wheezing. These attacks occur chiefly in the morning, directly he gets up, but they may seize him at any hour of the day. He can go into a hay-field, or smell flowers, without producing the slightest trace of an attack. They are brought on by dust and strong sunlight; these being the only causes he has detected, but he cannot account for those attacks beginning directly he gets out of bed. The complaint lasts the whole summer, leaving him in the winter. The attacks are not affected by the food.

His brother, aged 30, has suffered from bronchitis and asthma since five years old.

At first the attacks began with cold in the head and fever, without much sneezing. This stage lasted about three days, when his throat became slightly sore, and next bronchitis set in. To use his own words, he has generally three days' cold in the head, and nine days' asthma, though sometimes the asthma lasted much longer, indeed, sometimes continuing for months. As he has grown older the attacks have undergone considerable modification. The chest symptoms begin with a cold in the head, or may occur without it. He is obliged to take the greatest care, for the chill brings on an attack. Strange to say, conditions which at one time induce an attack are inoperative at another. Thus, he can sometimes join a hay party without being affected, yet at other times, going into a stable, or passing a hay-cart, not to mention going into a hay-field, brings on a violent attack. Dust, as house dust, builders' dust, excites an attack; so does strong sunlight or flowers. An attack induced by any of these agents consists in itching of the nose, violent sneezing, with profuse discharge from eyes and nose, the itching and discharge being usually most marked in the left nostril, though sometimes the right nostril is implicated. In addition, he suffers from dyspnœa. The coryza symptoms always occur in the day, the dyspnœa at night. When troubled with asthma the dyspnœa is considerably aggravated by food, which, however, at any other time does not produce any tightness of the breath.

Strong black coffee, even the smell of it, immediately relieves the dyspnœa, but is without effect on his coryza.

The fumes from Himrod's powder wonderfully relieve both the coryza and dyspnœa. All inhalations, with the foregoing exception, "tighten him up everywhere, even in his nose and throat."

In some cases the irritability appears to be limited to the nasal mucous membrane, or even to a very limited portion of it. In other cases, after continuing in this form for some time, the mucous membrane of the throat may become involved, and subsequently the bronchial mucous membrane, or *vice versâ*, beginning at the bronchial mucous membrane, the irritability may involve the nose. In either case the disease may quit the portion of mucous membrane originally affected, an incident most common when the attack first affects the territory of the fifth nerve. Indeed, in my experience, this is not an unusual commencement of asthma in children; and as they grow up, the coryzal symptoms cease, and ordinary bronchitic asthma alone remains.

On the other hand, these cases of paroxysmal coryza are related to hay-asthma, which, indeed, appears to be the same disease, but, owing to the patient's idiosyncrasy, the attack is induced only by the pollen of plants; the similarity between these affections being shown by the fact that in each the mischief may be limited to the nose, frontal sinuses, and eyes, or extending further, may involve the lungs.

Mr. Blackley, in an admirable paper, shows that in his own case, and in some other instances, hay asthma is solely due to the irritant effects of the pollen of plants. He conducted an extensive series of experiments with the pollen of many grasses, cereals, etc., and found that all are capable of exciting an attack, although some kinds of pollen are more active than others. The pollen of poisonous plants

is not more virulent than that of harmless plants; indeed, he finds that pollen of solanaceous plants will excite a slight fit, while the pollen of wheat excites a very severe attack. In his own person, and some other cases, he clearly shows that all the agents hitherto supposed to be severely productive of asthma, as ozone, heat, strong sunlight, the volatile principle on which the odour of plants depends, oleo-resins, dust, unless it contains pollen, are powerless to produce a paroxysm. In other cases it appears that one or more kinds of pollen only will produce the attack. Thus rose-pollen, excites the attack only in some patients; and it is said that in America Roman wormwood is a frequent cause. Hay-asthma and the diseases just described are indeed identical, but, owing to individual idiosyncrasy, the attack is induced in one person by one irritant, and in another by a different irritant. In some cases the attack, as we have seen, is induced by pollen, in other cases by ipecacuanha, or by animal emanations, as from rabbits, cats, horses, the smell of mustard, feathers, or a privet hedge, etc. Dr. W. Smith, of Preston, narrates a case in which a linseed poultice provoked the symptoms of hay-asthma. In one case an attack was always induced by porridge. Simple dust will occasionally excite these symptoms, and sometimes one kind of dust only. Thus, a middle-aged man, an ironmonger, had suffered from paroxysmal coryza and asthma for two years, the attacks being brought on only by the dust of his shop; whilst other kinds of dust, as that of a road, failed to affect him; nor did flowers, grasses, etc., nor sunlight. This case was singular in this respect, that whilst only the dust of his shop excited coryza and asthma, yet in certain localities he suffered at night from simple asthma without coryza. Notwithstanding Mr. Blackley's careful and elaborate experiments, I cannot help believing that sunlight and great heat will in some persons bring on an attack without the intervention of pollen. I have known persons who could never look at the sun without it inducing violent sneezing. It is well known, of course, that strong sunlight and great heat will much aggravate the attack induced by pollen.

The itching and tingling which generally accompany paroxysmal sneezing, no matter what their exciting cause, may affect the whole or any part of the nose. Sometimes the tingling and itching are felt near the orifice, or inside under the bridge, and may extend to the cheek or to the eyes, now and then only to the inner canthus, and may be limited to this part, or they may affect also the palate or throat. I remember the coryza in one case was accompanied and probably excited by itching of the nose and soft palate, and that iodine inhalations at once removed the coryza and nasal itching, but left unaffected the itching of the palate, which ceased at once on the application of a little nitrate of silver.

It is interesting to observe the very different degrees of develop-

ment of the disease. In certain cases the attack in some seasons appears to be limited to paroxysmal severe itching of the inner canthus. In other cases, even of true "hay fever," the irritant excites only this itching of the inner canthus; though at other times it also excites paroxysmal sneezing; or the attack may at first be limited to the itching, but as it goes on sneezing and profuse watery discharge are superadded. In other instances, besides the itching and sneezing, the patient suffers from bronchitis and dyspnœa. In another group of cases the irritant only excites bronchitis and dyspnœa. In yet another set of cases a patient has violent attacks of sneezing generally occurring in the morning without any itching; and in one instance a lady had each morning profuse watery discharge literally running from her nose, lasting half an hour, without itching or sneezing, this discharge always ceasing immediately her bowels were relieved. This itching generally yields to iodine inhalation, even when it fails to arrest the paroxysmal sneezing.

Arsenic in many of these cases is most efficacious, quickly affording relief in some, but in others requiring ten days or a fortnight to manifest its remedial effect, while in yet other cases it altogether fails. I find it of little or no value in true hay fever, that is, where the paroxysmal sneezing is excited by pollen. Where there is fever, aconite (see Aconite), if given early, curtails the course of the attack considerably. Cases unyielding to arsenic are sometimes benefited by iodine inhalation, by the administration of iodide of potassium, or by veratrum viride. The case of a young woman, twenty-two years of age, who for several years had suffered with attacks of sneezing like those described, well illustrates the value of local applications. The fits occurred in the morning, lasting several hours, were accompanied by considerable pain over the forehead, and the sneezing was so violent that she became quite exhausted, and so remained the greater part of the day. She complained also of great itching over the whole of the inside and outside of the nose and part of the face, which continued as long as the sneezing. Her health was failing her, and her hair was growing very thin. Arsenic benefitted her very slightly, while iodine inhalations, the internal administration of veratrum viride, pulsatilla, iodide of potassium, bromide of potassium, and cod-liver oil were found useless. Then aconite liniment to the outside of the nose and itching part of her face, immediately subdued the attack, removing both the itching and the sneezing. The attacks of sneezing recurred very slightly, and a fortnight's persistence with the treatment cured them.

Cocaine applied to the nose will, in most cases, cut short an attack, and some patients derive benefit by snuffing up hazeline.

The changes which arsenical compounds undergo in the stomach are at present unknown. There is no proof that, like most other

metals, arsenic combines with albumen to form an albuminate. The uniformity of action of all soluble arsenical compounds renders it probable that either in the stomach or the blood, they ultimately become identical in composition.

Metallic arsenic, like the oxide, is poisonous; it is probably first oxidized before it becomes active. Pure sulphide of the metal is inert, but, as it generally contains a not inconsiderable quantity of the oxide, this admixture renders it poisonous.

The condition of the stomach is said to control the action of arsenic; for example, when food is present, the medicine becomes absorbed by the lacteals, and through them mixed with the blood, while if the stomach is empty the arsenic is absorbed by the veins, and, passing into the liver, is separated with the bile.

In small medicinal doses, arsenic excites a sensation of warmth at the epigastrium, and gives rise to a sensation of hunger; indeed many maintain that arsenic, while increasing appetite, promotes digestion, which others as strenuously deny. Arsenic, as we shall see hereafter, by removing or lessening a morbid condition of the stomach, promotes digestion and appetite.

In certain diseases of the stomach few remedies are more useful than arsenic. In the so-called irritative dyspepsia, where the tongue is furred, and its papillæ red and prominent, a drop of the solution of arsenic, taken shortly before food, will be found of great benefit. Administered in the same manner, it will arrest the distressing vomiting of drunkards with almost unfailing certainty, and simultaneously improve the state of the stomach, and restore both appetite and digestion. This vomiting, accompanied by great straining and distress, usually occurs in the morning before breakfast; and mostly very little, and sometimes nothing, is ejected, and then it is called dry vomiting. The vomit is generally intensely bitter, sour, and of a green colour.

Arsenic is valuable in chronic ulcer and cancer of the stomach, allaying the pain and checking the vomiting; and I have seen this metal give relief in chronic ulcer, after failure of the commonly-used remedies. It is sometimes useful in the vomiting of pregnancy.

Arsenic sometimes removes heartburn, and other distressing sensations of the stomach, and is very useful in gastralgia. It is probable that some of the cases reported to be cured by arsenic and supposed to be cases of ulcer of the stomach, were really cases of gastralgia.

Small doses of arsenic are serviceable in that form of chronic vomiting, when, after eating, the patient mostly rejects his meal without pain, and with scarcely any nausea, the food simply regurgitating into the mouth.

It has been recommended in the vomiting of cholera. It is often useful in the vomiting of pregnancy.

The solution of arsenic is always of service in that form of chronic dyspepsia and diarrhœa characterized by the following symptoms:— A sinking at the pit of the stomach, which is relieved by food; but immediately on taking it, nay, even during mastication, an urgent desire seizes the patient to relieve the bowels, which may constrain him to quit the table. The motions are solid, or semi-solid, usually containing lumps of half-digested food. The disease appears to depend on excessive peristaltic action of the stomach and intestines whereby the food, before it is digested, is driven from the stomach to the intestines and thence expelled. This form of diarrhœa is common with children, eight or twelve years of age, and may last many months. Arsenic in a few days will prolong the interval between the meal and the evacuation, and in a week or ten days the disease will give way. I always give one or two drops shortly before each meal. (See Opium.) Arsenic often proves useful in other chronic forms of diarrhœa, even when due to serious organic disease, as the bowel ulceration of phthisis, &c.

Arsenic has been strongly recommended in cholera; especially in the later stages, when there is much collapse.

Arsenic enters the blood freely, but the effects of this metal on it are unknown. It has been detected not only in this fluid, but in most of the organs of the body.

In frogs, according to Sklarek, in about five minutes after poisoning by arsenic acid, the animal lies flat, with extended extremities and without breathing. Pinching, or other irritation, excites neither reflex action nor voluntary motion, though much voluntary power remains, since, on lifting the animal, or withdrawing a leg, or turning the frog on its back, it displays active voluntary movements. In a short time, however, the animal becomes completely paralyzed. Arsenic, therefore, paralyzes first sensation and reflex action, and sometime afterwards voluntary power. This account of Sklarek's corresponds with my observation of the order in which the symptoms occur after poisoning by potash, or in mechanical arrest of the circulation during the summer months. My experiments with arsenious acid, dissolved with the aid of a small quantity of soda, made in October, do not agree with Sklarek's account; for I found that sensation and reflex action persisted as long, or longer, than voluntary power.

Sklarek attributes the general paralysis to the action of arsenious acid on the cord. My own experiments, conducted with Dr. Murrell, confirm this statement; but they show also that arsenious acid is a paralyzer of the motor and sensory nerves, and of the muscles; in fact, like potash, tartar-emetic and aconitia, it is a protoplasmic poison, destroying the functional activity, first of the central nervous system, next of the nerves, and last of the muscles.

Arsenious acid quickly arrests the heart of cats and frogs, and

probably of other animals when administered in large doses. This effect is due to the direct action on the heart; for arsenious acid arrests the frog's heart when removed from the body. As arsenious acid is a protoplasmic poison, I suggest that it stops the heart by affecting all its structures, its ganglia, its nerves, and its muscle. Arsenious acid lowers arterial tension; partly, it is thought, by its influence on the vaso-motor nerves, but also owing to its action on the heart. Bohm and Unterberger find that arsenic especially reduces arterial pressure in the abdominal vessels.

Lesser concludes from his experiments that paralysis of the heart is preceded by slight and transient increased irritability, accelerating the heart's beats in warm-blooded animals. Large doses, however, at once decrease the heart's action, and the blood-pressure at once falls in the aorta. He attributes the increased frequency of the pulse to depression of the vagi and stimulation of the cardiac ganglia. The depression from large doses he ascribes to depression of cardiac ganglia and stimulation of vagi. The vagi, he believes, are first stimulated and then depressed. Arsenic, he finds, does not affect the accelerator nerves, nor the vaso-motor centre, nor vaso-motor nerves, nor the muscular tissues of the vessels.

Arsenic at first stimulates, but larger doses soon extinguish, the irritability of the respiratory centre. The primary stimulation is never great. Small doses stimulate the terminations of the pulmonary vagi. Arsenic increases peristaltis of the intestines by direct action on the ganglia in the intestinal walls.

He finds also that arsenic diminishes the irritability of the motor nerves and muscles, and first stimulates and then paralyzes the spinal cord. His experiments, then, for the most part confirm my conclusions that arsenic is a protoplasmic poison; but he finds that it first slightly and transiently stimulates many structures.

Dr. Murrell and I noticed that in ten to twenty minutes after injecting a small quantity of arsenic under the skin of a frog the animal gapes, keeps its mouth open, and sometimes puts its paws into its mouth; it looks as if sick, and some frogs actually vomit. Arsenic, therefore, acts as an emetic to frogs.

Dr. Murrell and I were astonished to find how very fatal arsenious acid is to frogs, for $\frac{1}{30000}$ of the weight of the animal produced complete paralysis in 108 minutes, and $\frac{1}{80000}$ killed the frog on the third day. We found that frogs are much more influenced by arsenious acid dissolved in a small quantity of soda than by arseniate of soda; one-fifth of a grain of arseniate of soda requires eleven hours to produce complete paralysis.

The statements as to the effects of arsenic when taken for a prolonged period are strangely conflicting; yet probably all are true, though at present it is impossible to reconcile the opposing statements.

Some animals, as the horse and sheep, can take considerable quantities of arsenic, not only without harm, but with apparent benefit.

It is now established beyond reasonable doubt, that in some parts of Lower Austria, as Styria, many of the inhabitants are accustomed to take considerable quantities of arsenic, sometimes as a

condiment with food. It is said they often eat it with cheese. They usually begin with a small dose, once or twice a week, the quantity being gradually increased, until half a grain, or a grain, or even more, is taken at one time. This habit seems to induce no untoward symptoms. Arsenic is taken for a twofold purpose. The women, and even the men, take it to clear the complexion, and to improve the personal appearance; and it is said to effect these objects. The men more frequently use it to enable them to undergo great exertion without fatigue, and they maintain that it enables them to climb mountains and accomplish fatiguing tasks, impossible to accomplish without it. The experience of most countries is opposed to the Styrian practice; for it is generally found that the long-sustained administration of arsenic fails to induce tolerance of the drug, but, on the contrary, entails serious consequences. Even in the arsenic-eating countries, the habit is not without risk; for there it is a general opinion that many fall victims to the drug. It has been supposed that, taken in an insoluble form, the arsenic is not absorbed at all, but passes out with the motions, leaving the system unaffected by it; but Dr. Maclagan's investigations effectually disposed of this supposition, for after witnessing a well-known arsenic-eater eat arsenic and afterwards collecting his urine, a considerable quantity of the poison was obtained from it.

Ordinary experience, however, shows that the long-continued use of arsenic produces serious symptoms, evidenced first in the eyes and stomach. The eyelids become slightly œdematous, the lower before the upper; while usually simultaneously, or soon after, slight conjunctivitis occurs with suffusion and smarting of the eyes, and sometimes dimness of sight. The mucous membrane of the nose, mouth and throat may be reddened and inflamed, giving rise to thirst and dryness of the mouth and throat. In some, the digestion becomes deranged much sooner than in others. The appetite fails, and at the pit of the stomach a sensation of weight or soreness is felt, aggravated each time on taking food or the arsenic. Sometimes the stomach is affected before the eyes. On the appearance of any of these symptoms the drug must be given in smaller quantities, or be discontinued. The skin becomes dry and dirty-looking, and a slight "branniness" may be noticed, most marked where the skin is covered with clothes. Eczema or urticaria may arise, or perhaps vesication or mere desquamation with tenderness of the palms of the hands or soles of the feet. Arsenic is said to have produced pityriasis and lichen and aching pains in the head, and swelling and inflammation of the joints. Sleep may be much broken, or disturbed by dreams. Still more serious symptoms set in. The voice becomes rough, and in some cases salivation takes place. Ulcers may form in the mouth. Nausea, vomiting, and diarrhœa set in with slimy and bloody motions, voided with much straining and pain.

The hair, and even the nails, sometimes fall off. Cough, with bloody expectoration, may occur. With these serious symptoms the patient wastes away, the skin becomes dry and hot, the pulse frequent, especially at night. Pains in the limbs, neuralgic pains, anæsthesia, tremblings, and even paralysis, come on; till at last the memory fails, sensation is lost, and death soon follows. The susceptibility to arsenic varies; some being speedily affected by two-drop doses of the arsenical solution, while others can take ten to twenty drops without injury for a considerable time. Dr. McCall Anderson states that patients while taking arsenic are liable to bronchitis, and should therefore be cautioned against exposure to cold.

In some persons the inhalation of very small doses for a long time will induce serious symptoms, and many cases are recorded, where serious symptoms arose from the use of wall papers whose pigments contained arsenic. Arsenic is largely used in the formation of pigments other than green. Arsenical pigments are largely used in cretonnes.

Gies finds that the prolonged use of arsenic in increasing doses continued for months, has the same effect on the bones of rabbits, pigs and fowls, as phosphorus. The bones become more compact: these changes beginning in about three weeks. The animals became heavier and fatter, and there occurred fatty degeneration of the heart, liver, kidneys, and spleen.

A large dose induces the symptoms of acute poisoning. The arsenic acts as an irritant to the whole digestive canal, exciting very active inflammation in its delicate mucous membrane; accordingly the symptoms to be expected from severe inflammation of this tract set in. But, strange to say, the symptoms following a large poisonous dose are not invariable; the symptoms arising from acute inflammation of the digestive canal are most common, and prove fatal in four or five days; but sometimes the symptoms are almost or entirely absent, and instead of the patient running the usual course of arsenical poisoning, profound coma sets in, from which he never wakes, but dies in a few hours, the mucous membrane of the stomach and intestines being free from all inflammation. Sometimes the symptoms are very like those of English cholera.

At the post-mortem the intestines are filled with rice-water fluid, with epithelial flakes, the epithelium being in a state of advanced fatty degeneration. The solitary and agminated glands are much swollen.

Dr. Blachez describes another form of arsenical poisoning characterized by choleraic symptoms of the intestinal canal, with suppression of urine, cramps, and progressive coldness of the body, convulsions, and localized paralysis especially attacking the extensors. If the patient survives long enough, a petechial, papular, vesicular

and wheal-like rash often appears from the second to the fifth day.

A fatal dose of arsenic lowers the temperature of dogs and rabbits 4° to 7° Fah.

Even when injected into the blood, or applied to a wound, arsenic produces its local effects on the digestive canal, being found in the intestines, showing that this is one outlet by which the poison is eliminated. When the metal is injected into the blood, or absorbed by a wound, the effects on the stomach and intestines are said to be as severe as when it is swallowed. This is perhaps hardly true. It is evident from the foregoing facts that arsenic manifests an especial affinity for the mucous membrane of the intestinal canal.

The post-mortem examination in acute arsenical poisoning shows much inflammation of the stomach, often in patches, in which arsenic powder is visible, embedded in the thick viscid mucus. Spots of ecchymosis are sometimes seen, and less commonly ulcerations. Perforation is rare. The œsophagus and intestines may undergo inflammation, often most severe in the rectum. Occasionally the mouth, throat, and even windpipe and bladder, becomed inflamed. The curious fact has been pointed out, that notwithstanding the existence of symptoms of inflammation, yet sometimes no traces of it are apparent after death. This absence of inflammation cannot be explained by want of time for the arsenic to act; for in cases ending in death yet more rapidly, severe structural changes are to be found. Death may occur in two hours. Ecchymosis is commonly met with under the lining of the cavities of the heart, and if the patient survives long enough, a petechial, papular, or pustular rash, or wheals of urticaria may occur. Neuralgic pains, anæsthesia, and paralysis are sometimes seen. Like phosphorus, it produces extreme fatty degeneration of the liver, heart, kidneys, and other structures. Ether, and even chloroform are said to produce similar effects. Both in arsenical and antimonial poisoning the glycogenic function of the liver is said to be destroyed. Arsenic retards putrefaction.

Drs. Cutler and Bradford, from their experiments conducted according to Malassez's method, are led to conclude that "arsenic given in health causes a progressive decrease of the number of the red and especially of the white corpuscles. In simple anæmia, on the contrary, there seems to be an increase at first of both red and white corpuscles. After a certain point there is a steady diminution of both." Arsenic is useful in chlorosis and anæmia, sometimes succeeding when iron fails and disagrees. Some hold that the addition of arsenic increase the efficacy of iron. It is the most successful remedy in pernicious anæmia, and some recommend it in leucocythæmia and lymphadinosis; large doses will, in some cases, entirely

reduce the excess of white corpuscles in leucocythmæia, but apparently have little influence in increasing the quantity of red corpuscles.

Arsenic, in moderate doses, it is said, gives fulness and increased strength to the pulse.

Some give arsenic in prostrating acute febrile diseases, with the effect, so they aver, of strengthening the pulse, moistening the skin, and invigorating the patient.

Arsenic is useful for the swelled feet of old or weakly persons; or for old people with a weakly acting heart and feeble circulation, who often suffer from breathlessness on exertion.

Arsenic has long been recommended as an excellent remedy in spasmodic diseases of the lungs; it is often useful in asthma, whether or not dependent on emphysema.

Arsenic often gives great relief to a class of emphysematous patients who, on catching cold, are troubled with a slight wheezing at the chest, difficulty of breathing, especially on exertion, or at night time, and are obliged to be partially propped up in bed; it appears, however, to be of little service when there is very much bronchitis, or when the paroxysms of dyspnœa are very urgent. In this contingency lobelia or belladonna answers better. Arsenic is especially useful in the foregoing cases, where the difficulty of breathing can be connected with the retrocession of a rash, as eczema. Arsenic generally relieves the wheezing with oppressed breathing, which affects some children for months and even years, and is probably the commencement of asthma.

Arsenic lessens the carbonic acid of respiration.

The beneficial influence of arsenic in certain skin diseases, particularly in the scaly eruptions and in chronic eczema, is universally recognized. Lepra almost always yields to it, and its efficacy over other forms of psoriasis is hardly less marked. Many cases it cures, others it improves, but a few it leaves unbenefited.

Hunt recommends small doses as capable of effecting all that is possible by arsenic, and discountenances the practice of gradually increasing the dose. If toxical effects arise he advises, not the discontinuance but the diminution of the dose. Hunt, who has had more experience of this remedy than perhaps any other person, laid down excellent rules for guidance.

Arsenic is hurtful during the inflammatory stages of eruptions.

Children above five years will bear a dose nearly as large as adults, and it is curious that girls often require a larger dose than boys.

The largest dose ever required is five minims, repeated three times a day, but some practitioners give double or even treble this quantity. As a rule it should never be given on an empty stomach.

Arsenic, if mixed with food, does not usually irritate the bowels. In the course of a few days or weeks it will produce an itching or smarting in the conjunctiva, and this membrane will appear slightly inflamed, the lower eyelid becoming a little

puffed or swollen at this point. The cutaneous disease will now begin to decline, and the dose must be reduced one-fifth.

Should the conjunctiva continue much inflamed, the dose must be still further reduced, but the conjunctiva should be kept affected throughout the whole course.

If the skin becomes more inflamed the course must not be interrupted, but an occasional aperient must be taken.

The arsenical treatment must be continued for as many months after the final disappearance of the eruption as it has existed years before.

These rules closely correspond to the advice given by Dr. Graves in his clinical lectures. With two statements made in this "code of regulations," my experience does not quite correspond, for I have not found that smarting of the eyes and swelling of the lower lid occur so often as Mr. Hunt implies, nor do I find it necessary to induce these toxic symptoms to insure the beneficial influence of the remedy.

The first influence of arsenic on psoriasis is to make it redder, more inflamed, and to look worse than before treatment, a fact which, if not known, would lead to the suspension of the drug just when it commenced to do good; but the exaggerated redness soon declines, the eruption heals in the centre, leaving in a short time only a slight redness.

Chronic eczema, although perhaps not so amenable to arsenic as psoriasis, is generally benefited by it, especially the obstinate chronic forms. It sometimes removes the rebellious eczema which infests the vulva, the verge of the anus, and the scrotum.

Arsenic will generally cure that troublesome disease pemphigus, as Mr. Hutchinson has shown; and although after a variable interval the eruption is liable to recur, it will again yield to a renewed course of the drug.

Arsenic sometimes relieves lichen and other obstinate skin affections.

In our experiments on arsenious acid and tartar-emetic, published in the *Journal of Physiology* for 1878, Dr. Murrell and I found that these two substances produced desquamation in frogs. Thus, after poisoning by arsenic acid, even with only $\frac{1}{16000}$ part of the weight of the animal, desquamation begins on the trunk in about five hours, in the legs in about eight hours. The cuticle strips off in large pieces, so readily that mere handling the animal detaches it. Tartar-emetic affects the cuticle *apparently* in a somewhat different way; it changes the cuticle into a pulp or jelly, so that even whilst the frog is alive it can be scraped but not torn off. We conclusively showed that these effects are due to the direct action of arsenious acid and tartar-emetic on the skin.

Does arsenious acid affect all epithelial structures in this way? I think so. Miss Nunn has shown that it affects the cornea; and after acute poisoning the bowels are found filled with a rice-water

fluid, consisting of epithelial flakes, and the epithelial cells are choked with granules, and some in a state of advanced fatty degeneration, and these changes occur even when the poison is injected into a vein.

Miss A. Nunn, Lecturer on Biology in the Wellesley College, Boston, U.S.A., under the direction of Dr. Michael Foster, kindly investigated microscopically the action of arsenious acid and of tartar-emetic on the skin. Miss Nunn shows that the peculiar effect of these substances is limited to the epidermis and leaves unaffected the corium, with the exception of increasing the quantity of blood it contains. Miss Nunn says:—

"An examination of a series of sections taken from different parts of the body at different intervals after the (hypodermic) introduction of the poison, shows that the general effect of arsenious acid on the epidermis is to cause a degeneration, and partial solution, of the protoplasm of the cells, whereby (1) the whole epiderm becomes loosened from the subjacent derm, (2) the cells of the malpighian become incoherent, so that the whole layer collapses, and its well-known architectural features become obscured, and (3) the intermediate layer separates from the malpighian layer below, and at times from the corneous layer above. The corneous and intermediate layers are thus desquamated, sometimes separately, sometimes, and perhaps most frequently, together. In no case, even in those of most extreme or most lengthened poisoning, have I ever seen the malpighian layer actually cast off during life; it always remains attached, though loosely, to the derm in a manner which I shall presently describe. In preparing sections, however, it frequently becomes wholly detached.

"It is obvious from the foregoing account that the arsenic first attacks the lowermost or innermost portions of the epiderm, and that its action advances from the derm outwards. This may be in part due to the simple fact that the innermost cells are those which are nearest to the blood-vessels carrying the poison; but this can hardly be the whole reason, since diffusion must be very rapid through a thin membrane of such a nature as the epidermis. It seems more natural to attribute the phenomena to the fact that the cells of the malpighian layer next to the derm (the columnar layer) are composed of more active, more irritable protoplasm than that of the rest of the derm, the irritability diminishing in the series of cells from within outwards in proportion as the metamorphosis of the protoplasm into keratin becomes more and more pronounced.

"I never observed any excess in the fluids excreted by the skin generally as the result of arsenic poisoning, and it is impossible to explain the changes described above as merely due, or as chiefly due, to an excessive discharge of fluid from the cutaneous blood-vessels

or lymphatics loosening and separating the cells. All the facts go to prove that the changes are the result of the arsenic acting directly on the epidermic cell, which with its diminished cell-substance and shrunken nucleus, presents a striking analogy with the secreting cell (of a salivary gland) which has been stimulated to exhaustion; and I shall probably not go far wrong in regarding the changes of the former as the consequences of an action of the poison not wholly unlike an excessive, in fact, a lethal stimulation, by which the destructive stages of the metabolism of the cells are hurried on beyond the reparative power of the constructive stages.

"The stimulation is obviously of a peculiar kind. One marked effect of the stimulation of undifferentiated protoplasm is to forward and accelerate processes of growth. I have looked diligently for indications such as double nuclei, &c., of multiplications in the epidermic cells, but always in vain. One would naturally expect that the changes which I had described would, if the animal lived and recovered from the poison, be followed by a rapid renewal of the epidermis, but I have not as yet succeeded in keeping the animals long enough to see even the first trace of it. I may remark incidentally, that the fact of the columnar layer, being the first to be attacked by the poison may perhaps be regarded as an indication that the growth of the epidermis does take place from this layer, and not, as recent researches on the structure of the mammalian epiderm have suggested, from the cells of the intermediate part.

"The characteristic vertical arrangement of the undermost cells, the columnar layer of the epiderm, is a phenomenon for which it is very difficult to account. Embryologically considered, this feature seems to be a continuation of the condition of the primary epiblast, the cells of which are always vertical; but it is difficult to see what purpose is served by the preservation of this ancestral feature. It is obvious, however, from the results, which I have given, that this vertical position is maintained (for whatever reason) by some exertion of the protoplasm of the constituent cells. Immediately that the arsenic damages the protoplasm, the vertical arrangement is lost: indeed this is the most obvious effect of the arsenic, and the one most readily recognized."

Concerning the action of antimony she says: "The structural changes in the epidermis brought about by antimony are essentially the same as those produced by arsenic. There is (1) the same marked degeneration and partial solution of the columnar layer which causes the epidermis to be held less firmly to the dermis; though previous to the hardening, the extreme softness of the cells prevents it from being stripped away as can be done in the case of arsenic. There is (2) the same degeneration and separation of all the cells of the malpighian layer, and (3) the same desquamation of the corneous and intermediate layers. The principal difference is the

greater softness, or more complete isolation of the cells, and the somewhat more marked change in the intermediate layer. The cells of this layer appear more thoroughly detached from one another, and hence cavities are more frequently found between them; but their protoplasm is never formed with threads and processes enclosing spaces, as in the columnar cells. It is this separation of the constituent cells of the intermediate and also of the malpighian layer which is the chief determining cause of the pulpy or mucilaginous condition of skin in antimony poisoning mentioned by Ringer and Murrell. Altogether, the action of antimony is more rapid than that of arsenic, and the changes produced by it bear evidence of more violence. But the marked change in the columnar cells remains the most characteristic feature among the structural changes produced by both arsenic and antimony poisoning.

"Both these drugs, then, have a specific effect upon the cells of the epidermis, the one differing slightly only from the other in their fundamental action, though the results appear to the naked eye to diverge so largely. The skin, under the influence of either drug, presents a striking contrast to one which has been left to disintegrate in a natural manner after death. I have examined the skin of frogs at intervals of one to seven days after death, but I have never observed the peculiar changes which I have described above as taking place in the columnar cells. The cells of the whole epidermis become granular and more opaque, and the outlines of the cells become indistinct; the corneous layer may be thrown off, and the features of the malpighian layer become, eventually, very difficult to recognize; but at no stage does either the protoplasm of the cells become softened in the peculiar manner described, nor do the nuclei become shrunken. The desquamation under antimony and arsenic is obviously a specific effect."

Miss Nunn finds that arsenious acid and tartar-emetic affect the cornea in a similar manner to the skin, but the effects are never so marked as in the skin.

It is interesting to observe how these experiments confirm the conclusions previously arrived at by clinical study. These investigations show that arsenic affects the epidermis mainly, if not exclusively, and leaves the dermis unaffected. Dr. Duhring, in Wood's 'Therapeutics,' says, that diseases affecting the more superficial parts of the skin are most amenable to the influence of arsenic, and that it possesses little or no influence upon diseases seated in the deeper structures of the skin. It has no effect upon infiltrations of the corium.

If long continued, especially in large doses, arsenic turns the skin a dirty brown, and this discoloration is especially marked around the orifices of the hair follicles. The colour is very like the discoloration of Addison's disease.

Few, if any, remedies are so successful in chorea as arsenic. If there is much anæmia, iron is required; if fever or rheumatism, these must be subdued by appropriate treatment. But in simple uncomplicated cases of chorea, arsenic is far the best remedy. Its occasional non-success is sometimes owing to the undue smallness of the dose, and decided improvement often begins simultaneously with a freer administration of the medicine. When chorea has resisted smaller quantities, children may take four, five, or more minims of the solution. In one case which rapidly improved, I quickly increased the dose till the boy took twenty minims of liquor arsenicalis six times a day, and in another successful case the girl took fifty minims of liquor daily. Dr. Seguin gives two to five minims at first and quickly increases, adding a drop to each dose daily. If arsenical symptoms arise, he intermits the arsenic for forty-eight hours. He finds that with most patients, doses of 20, 25 or 30 drops thrice a day may be reached. Perrorid uses arsenic hypodermically with great success. Arsenic is well borne this way and does not derange the stomach.

Arsenic is often useful in neuralgia. Dr. Anstie speaks highly of it in various neuralgias; and in angina pectoris, a disease he regarded as a neuralgia, he states that it will lessen the severity of the attacks, and in time reduce them to mere "tightness of the chest."

Arsenic has been found serviceable in epilepsy. It not unfrequently cures dull throbbing pain affecting one brow.

With the exception of quinia, no drug subdues intermittent fever like arsenic. Some indeed, with large experience, count arsenic equal, if not superior to bark in ague. The greater number of observers, however, do not credit arsenic with such pre-eminent virtues, maintaining that cinchona cures the disease more quickly and more certainly, and that it is especially to be preferred in those malignant forms which, unless at once arrested, speedily destroy life. A concurrence of testimony tends to show that arsenic is most useful in long-standing agues, especially of the quartan type.

A long-continued course of arsenic is recommended in epithelioma, and even scirrhus and rodent ulcer.

Arsenic has lately been extolled in phthisis and tuberculosis. It improves the appetite, increases assimilation, lessens expectoration and cough, and promotes the cicatrization of cavities. It is stated that it will reduce the temperature in tuberculosis, and after carefully investigating this subject, I am inclined to believe so; at least I have frequently observed a steady and sustained fall of the thermometer follow the use of arsenic in cases when the undue temperature had continued unchanged for a considerable time, and this I have known happen twice or three times in the same case on reverting to arsenic after it had been discontinued. The decline generally takes place gradually, and may begin soon after taking the arsenic, or the fall

be postponed for ten or twelve days. Moreover, I have seen children in a hopeless state, with severe tuberculosis involving lungs, intestines, and peritoneum, steadily and slowly improve and ultimately recover under arsenic treatment, and I have observed a like result in adults with phthisis, in the subacute and chronic forms. It must, however, be admitted that this is a very intricate subject, seeing how irregular a course the fever of tuberculosis runs, and how sometimes cases the most desperate recover by means of other treatment, or indeed through little or no treatment. Still, I am sure that the action of arsenic in phthisis and tuberculosis is well worthy investigation. In my experience it is especially useful in fibroid phthisis and chronic phthisis with much fibroid induration. I have generally given from two to four minims every two to four hours. Only in a few cases is it ill-borne, producing sickness, pain in the stomach and bowels.

Arsenic is often serviceable in rheumatoid arthritis and nodosity of the joints, but the indications for its employment are unknown. The pains of this troublesome affection are sometimes increased, sometimes benefited, by heat, some cases being worse in summer, others in winter; some are worse during the day, others at night. All these forms of arsenic will sometimes cure, yet its action is capricious, for in cases apparently identical it sometimes fails and sometimes cures. Its effects are sometimes astonishing, for stiffened joints, for a long time considerably enlarged, become reduced to their natural size, and regain their suppleness. Large doses are necessary, given for a considerable time, and it must be borne in mind, that if improvement does not speedily ensue it must not be concluded that the medicine will fail. Some consider it necessary to produce the toxic effects of arsenic; but in many cases improvement certainly results without pushing the remedy to this extent.

Dr. Simpson employed arsenic in that peculiar affection of the bowels prevalent among women, characterized by the copious discharge of membranous shreds, accompanied by much emaciation, and a long train of neuralgic and other nervous symptoms—an affection occasionally co-existing with dysmenorrhœa, the membranous shreds being discharged both from the bowels and uterus.

Like other metals, arsenic, though more quickly eliminated than some metals, as lead, is retained a long time in the body. Some maintain that arsenic is to be found in the bones as arseniate of lime, a statement denied by others. It may be detected in the milk, and has induced serious symptoms in suckling infants.

It is found in the blood chiefly with the red corpuscles. It is separated from the body by the urine, the stomach, and intestines, and perhaps by the liver. After arsenical poisoning, the metal is found in the liver in quantities larger than elsewhere. It may be that, like many other metals, it is separated from the body with the bile.

We know nothing of its influence on the composition of the urine. Some experimenters assert that the urea is lessened, and, as the carbonic acid separated by the lungs is diminished, they conclude that arsenic diminishes tissue metamorphosis to a considerable extent. Vogel observed hæmato-globulin in the urine of an individual poisoned with arseniuretted hydrogen.

Dr. Garrod states that arsenic acid is less irritating to the stomach than arsenious acid. Arseniates, we have seen, are much less poisonous than arsenites. The additional oxygen appears to saturate the molecule of arsenic more completely, and so lessen its effects on the tissues.

Some persons are highly intolerant of arsenic, so that even one minim of liquor arsenicalis will produce violent action on the stomach and intestines. (Schäfer, Bohm.)

PHOSPHORUS.

In large doses it is an irritant poison, but the symptoms are sometimes delayed for hours, or even days, and they occur early if the drug is given in solution as in ether, slower when given in the solid form. The patient complains of burning in the throat, with intense thirst and severe burning pain in the stomach, followed by distension of the abdomen and vomiting of a dark green or black substance with the odour of garlic, and sometimes phosphorescent. There are the usual symptoms of collapse. In less severe cases, vomiting ceases on the second or third day, but on the occurrence of jaundice, which often happens, the sickness returns, and the rejected matter contains dark-coloured blood. There is now pain and tenderness over the liver, generally diarrhœa, and later the stools become clay-coloured. At first, it is said, there may be fever, the temperature rising even to 102°, but subsequently the temperature sinks below the standard, and in one case it fell to 89° Fah. in the rectum. Jaundice sets in from the second to the fifth day, and at first the liver is apparently enlarged, but afterwards its size diminishes considerably. Jaundice may be absent even with advanced fatty degeneration of the liver. The urine is generally scanty, albuminous, and sometimes bloody; it deposits epithelium cells, and when there is jaundice it contains biliary acid and colouring matter with leucine, tyrosine, and para-lactic acid. Urea disappears almost entirely towards the termination of a fatal case. Hæmorrhage and

purpura often occur. Wounds bleed inordinately and sometimes uncontrollably. Later, either delirium sets in, or coma, which may terminate in convulsions. The *post-mortem* reveals most of the tissues in a state of advanced fatty degeneration. In the stomach and intestines, there is general inflammation of the glandular structures; hence the mucous membrane is thickened and whitish. The epithelium is granular or fatty and much degenerated, or even broken up. The liver is either enlarged, with its cells in a state of advanced fatty degeneration, or is contracted from destruction of the cells. The kidneys are similarly affected, the epithelium being swollen, granular, fatty, or broken up. The heart, the voluntary muscles, and other structures are also implicated. The fatty degeneration affects likewise the whole of the arterial system, down to the microscopic arterioles (Wegner), and the number of the blood discs are said to be lessened.

Fatal doses of phosphorus lower the temperature of dogs and rabbits 8° to 12° Fah.

The main stress of the poison sometimes falls on the gastro-intestinal mucous membrane; sometimes on the nervous system, and at other times on the blood and blood-vessels, and in this case gives rise to hæmorrhages.

The duration of acute poisoning is very variable, the patient may die in two or three days, but generally he survives from one to three weeks. Recovery is slow.

Jurgensen claims to have saved several lives by direct transfusion of human blood.

The effects of chronic phosphorus poisoning have lately been elaborately worked out on animals by Dr. George Wegner, with most singular results. It has long been known that workmen exposed to the fumes of phosphorus are liable to necrosis of the jaw, and Dr. Wegner believes that this results from the direct action of the phosphorus on denuded bone, and that necrosis will not set in unless through wounds or carious teeth there is some destruction of the soft tissues, thus enabling the phosphorus to reach the exposed bone; in support of this view he adduces the following reasons:—1. If the periosteum of an animal is severely wounded, and phosphorus is given in the form of a pill, even for months, the periosteal changes do not take place. 2. When the tibia of a rabbit is partially bared, a healthy granulating wound is soon established, but under exposure to a phosphorus atmosphere, periostitis is set up similar to that in the jaw. 3. Many workers in phosphorus escape, whilst those who do suffer have carious teeth.

The lower jaw is more often affected, but the upper is liable to attack; and in rare cases even the palate and frontal bones.

Dr. Wegner found that gradually increasing doses of phosphorus or phosphorus fumes administered to rabbits produced congestion of

the mucous membrane of the stomach, this membrane becoming of a brown colour and three times its natural thickness. The liver is chronically inflamed, with great increase of the interstitial tissue, affecting earliest that portion surrounding the acini. This new tissue contracts, producing atrophy of the liver-cells, and obstruction of the vessels and ducts. The organ, at first enlarged and livid in colour, sometimes gradually changes into the hob-nailed liver, or into a shrunken irregular mass, deformed by contracting bands.

Given in doses too small to affect the stomach and liver, phosphorus modifies the bones, especially in growing animals. Thus, where spongy tissue should be formed in the growing bone, dense solid tissue takes its place, which, examined by the naked eye and microscope, is found to consist of well-formed bone, and, if the administration of the phosphorus is continued, the proportion of dense bone increases, and the cancellous structure, in accordance with a natural process, becomes absorbed to make room for marrow tissue, till at last no cancellous structure is left, and afterwards the solid, newly-formed tissue itself also undergoes absorption. Changes occur likewise in the bony substance formed by the periosteum. The new bone looks natural, but the microscope reveals that it is dense, and compact masses of it encroach on the Haversian canals, producing in them at last a general narrowing which affects even bone formed previous to the administration of phosphorus. If phosphorus is given for a long time to adult animals, the spongy tissue thickens, and the compact tissue becomes still more dense, and after a time new bony tissue is deposited on the inside of the shaft, increasing till the bone actually becomes solid. The chemical composition of the bone remains natural.

Dr. Wegner found also that under the influence of phosphorus, callus after fractures or resection becomes more dense, and the formation of new osseous tissue is favoured. Kassowitz has very successfully treated 560 cases of rickets with phosphorus in doses of $\frac{1}{30}$ gr. dissolved in oil.

The changes above described are produced by phosphorus as such, and not after its conversion into phosphoric acid. For phosphoric acid does not produce the peculiar changes in the stomach and liver. It does, however, in very large quantities, affect the bones similarly, larger than could be produced by the phosphoric acid generated from phosphorus introduced into the system. Wegner considers that it acts as a food, promoting natural growth.

In acute poisoning, phosphorus itself is absorbed unchanged, for in some cases the breath, the urine, and, after death, the tissues themselves, are luminous; moreover, it has been chemically detected in most of the tissues.

The jaundice occurring in acute phosphorus poisoning has been variously explained. Dr. Ebstein holds that it is not due to destruc-

tion of the liver-cells, but to catarrh of the small biliary ducts, causing obstruction and leading to absorption of the bile. The ductus communis choledocus has sometimes been found occluded by a tenacious plug of mucus, thus greatly assisting the obstruction of the smaller ducts in the production of jaundice. The presence of biliary acids in the urine, when jaundice occurs, certainly supports the view that the jaundice depends on absorption from obstruction of the ducts, rather than from suppressed secretion owing to the destruction of the liver-cells. Sometimes the contents of the intestines are found destitute of bile.

According to Mr. Ashburton Thompson, the effects of repeated medicinal doses are improved appetite, increased rate of circulation, a heightened temperature, perspiration, irritation of the skin, abundant urine, sometimes loaded with deposit, a sharpening of the mental faculties, increase of muscular power, a sensation of well-being, sometimes nervous excitement shown by hesitation and trembling (effects more readily induced in some persons than in others), even slight clonic convulsions, occasionally some venereal ardour, and, less frequently, a more acute tactile sensibility.

Sometimes, even after doses now considered medicinal, as for instance $\frac{1}{30}$ gr., we get sickness and jaundice which may last weeks or months. The drug appears to affect some persons much more readily than others, and this uncertain action, long known, used to be ascribed to "idiosyncrasy." It has been asserted that phosphorus in medicinal doses sometimes causes hæmaturia and albuminous urine, but this must be unusual, for having employed phosphorus in a very large number of cases, I have never seen this result.

Phosphorus has been given lately in neuralgia with considerable success. It appears to be efficacious in neuralgia of any part of the body. Some regard phosphorus as well nigh a specific. As might be expected, chronic cases take longest to cure, but in all the instances susceptible of benefit relief follows the first few doses. Mr. Thompson employed large doses, giving never less than one-twentieth, and generally one-twelfth, of a grain every three hours. Some writers think one-hundredth of a grain a sufficient dose.

The most intractable and severe cases generally occur, as Dr. Anstie pointed out, in the degeneration period of life; but even in these instances phosphorus may prove useful. My own experience hardly warrants me in speaking so enthusiastically of this drug as did Mr. Thompson. Yet, though it not uncommonly fails in the severe forms of neuralgia of middle and advanced life, still it must be considered one of the most valuable remedies. In my hands it has yielded less satisfactory results in sciatica than in many other forms of neuralgia. Phosphorus is probably most efficacious in typical neuralgia, and much less useful, according to my experience, in those imperfectly-developed cases where the neuralgia appears to

be allied to, or passes into, sick headache or pleurodynia, and in those instances of nerve pain which lack many of the more distinctive characters of neuralgia. Phosphorus is often serviceable in angina pectoris, a disease closely allied to, if it be not a true, neuralgia.

Dr. Richard Hughes recommends phosphorus in chronic inflammation of the rectum, and Dr. Fleishmann, of Vienna, approves its use in pneumonia, especially if accompanied by typhoid symptoms.

Dr. Bartholow recommends phosphorus in wakefulness depending on cerebral anæmia and in the wakefulness of the aged. It is useful in the degenerative changes due to age, and under its use I have seen many cases improve. Cod-liver oil, too, is beneficial in the same cases and should be given simultaneously.

Phosphorus is said to stimulate the sexual functions, and patients have told me that they were constrained to discontinue this drug, because it gave them trouble in this way. Old men, whilst taking phosphorus, have told me that it had produced a return of sexual capacity.

Mr. Thompson held that phosphorus, unless given in large and unsafe doses, is neither an aphrodisiac nor useful in spermatorrhœa, but that in small tonic doses $\frac{1}{30}$ to $\frac{1}{50}$ gr. it will remove the physical and mental debility induced by spermatorrhœa. A large dose, Thompson taught, acts as a stimulant to the brain, and fits it for unusual exertion, and so obviates physical and mental exhaustion or depression from overwork.

Phosphorus is certainly useful in over-taxation of the nervous system by work too arduous or too anxious. In these patients brain power is weakened, the mind soon becomes weary and fatigued; they are irritable and depressed, and sexual capacity in many instances is much impaired. Here a prolonged course of several months of $\frac{1}{30}$ to $\frac{1}{50}$ grain thrice daily is often very useful. It appears to promote the nutrition of the nervous system.

Hammond commends phosphorus in cerebral softening and in hysterical paralysis, and Anstie in chronic alcoholism, and Thompson recommended it strongly in migraine.

Phosphorus is recommended in melancholia. Bartholow highly recommends it in acne indurata.

It has been asserted that phosphorus largely increases the quantity of urea of the urine, splitting up, it is said, the nitrogenous tissues and converting them into fat and a compound which ultimately forms urea; others hold that the fatty degeneration is due to deficient oxidation. In men the products of nitrogenous disintegration appear in the urine as leucin and tyrosin. Phosphorus gives to the urine a smell of violets or of sulphur. (See Turpentine.)

Phosphide of zinc $\frac{1}{3}$ gr. to $\frac{1}{2}$ gr. doses, has been strongly recommended in place of phosphorus. In compounding phosphorus it must not be mixed with turpentine, since with this, and probably

with other essential oils, it combines and forms an inert compound; indeed, turpentine itself is used as an antidote in phosphorus poisoning. Eulenberg and Guttmann point out that with a solution of a copper-salt phosphorus immediately forms a phosphide of copper; and Bamberger's experiments lead him to conclude that copper salts are far more efficient antidotes than turpentine. The sulphate being strongly emetic is especially useful. Three to five grains should be given every five minutes till vomiting ensues. (See Turpentine.)

Red allotropic phosphorus is inert.

The disagreeable eructations which occur when taking phosphorus are due to the oxidation of phosphorus, and the liberation of hydrogen, the nascent gas uniting with phosphorus to form phosphide of hydrogen.

COLLODION.

Collodion is useful in many ways. It is used to adjust accurately and bind together the edges of cuts and wounds, and to exclude air. It is sometimes applied to chapped hands and chapped nipples; but for these affections there are better applications, as glycerine of starch, arnica cerate, or two parts of eau de Cologne to one of glycerine. For chapped nipples, often so difficult to heal, equal parts of sulphurous acid and glycerine is a useful combination.

Collodion, painted over superficial erysipelas, slight burns, or patches of herpes before vesicles are developed, subdues inflammation, eases pain, and checks vesication. Unfortunately the collodion coating often cracks, admits air, and ceases to be efficacious; hence collodion is inferior to a solution of nitrate of silver in water or in nitrous ether. (*Vide* Nitrate of Silver.)

Dr. Hare, we believe, first employed collodion for boils. There are many kinds of boils. The common form begins as a pimple or pustule, whence the inflammation spreads, producing a hard, painful swelling, the centre of which dying forms a core. Now if collodion is applied at the papular or pustular stage, the swelling around the pustule subsides, and the further development of the boil is arrested; in the pustular stage, collodion appears to be useless if the pustule has burst. The matter must not be let out after the collodion application, or inflammation recommences, and the boil follows the usual course. It is desirable to apply fresh coatings of collodion over the old ones, allowing them to remain till the pustule has dried up, and the sore has healed. If much pus accumulates beneath this covering,

causing considerable pain, the collodion should be incised under carbolic acid, and the pus allowed to escape, the subsequent treatment being conducted on Lister's carbolic acid plan. This treatment allays the great irritation often accompanying the early stages of boils. Dr. Hare prefers the contractile collodion, attributing its success mainly to the pressure it exerts. I have succeeded with flexible collodion, but perhaps the contractile would have answered still better.* Some doctors add a drachm of spirit of turpentine to each ounce of collodion.

Collodion solutions of gutta-percha, or india-rubber in chloroform, prevent the pitting of small-pox, and the flexible variety of collodion is better adapted for this purpose.

A mixture of collodion and carbolic acid is useful in toothache due to an exposed and inflamed pulp. A jelly is made by melting in a test-tube some crystallized carbolic acid, then adding an equal quantity of collodion. A portion of this preparation on a small piece of cotton wool is inserted into the hollow painful tooth, with sometimes aggravation of the pain, which in a few seconds begins to diminish, and soon ceases.

Contractile collodion, with which some mix iodine, painted over the inflamed part in acute gout, will speedily relieve the pain, although for a brief space the application increases it. Too many coats must not be applied, lest the contraction becomes too great and dragging on the skin, excite a good deal of pain, or even produce vesication.

Sir D. Corrigan treats the incontinence of children with collodion The prepuce is drawn forward by the left hand, and the little cap thus formed at its extremity is smeared over with collodion, which contracting, draws closely together the edges of the prepuce, and effectually prevents the exit of urine. A fortnight of this plan, which gives no pain and does not prevent sleep, sometimes suffices for the cure. When it is needful to pass water, the little cap of collodion can be easily chipped off with the nail. The prepuce in the morning is found distended with urine. Sir D. Corrigan thinks that it would answer as well to paint the collodion over the orifice of the urethra. This plan I find unsuitable for girls, as it excites smarting, and induces them to pick off the collodion.

Two parts of glycerine to a hundred parts of collodion sets without contracting or dragging the skin.

* The extension of a carbuncle may sometimes be limited by tightly strapping with strips of adhesive plaster, applied concentrically from the border inwards, around and over the swelling. Dr. Planat highly recommends the application of arnica ointment (one part of extract of fresh arnica flowers to two of honey) spread on diachylon plaster and placed over the boil, the application being renewed once or twice a day. He finds the internal use of arnica beneficial.

COD-LIVER OIL.	DUGONG OIL.
ALMOND OIL.	PALM OIL.
POPPY OIL.	LARD.
HEMP-SEED OIL.	SUET.
LINSEED OIL.	WAX.
COCOA-NUT OIL.	Etc.

FATS, in one form or other, are found abundantly in both the animal and vegetable kingdoms, showing their great importance in organic life.

Fats are necessary foods to the animal body, being heat-giving, force-supplying, and plastic. Their combustion contributes mainly to the generation of the heat of the body. They are essential to tissue formation, for without them nutrition and growth would be very imperfect, if not impossible.

Their combustion, moreover, supplies most of the force appropriated by the nitrogenous structures, and through them to be converted into muscular force, secretive force, nerve force, etc.

For the most part, all fats, so far as we know, have the same physical properties, differing only in the melting point. In their chemical nature, however, they differ much, but after entering the blood they are probably converted into a fat of uniform composition.

Oils and fats are used to lubricate and to supple the skin when it has lost its elasticity, and becomes dry, hard, and liable to crack; for instance, in many scaly diseases, as psoriasis and xeroderma. They should be employed in conjunction with warm baths.

Fats, moreover, are applied to the surface of the body to prevent irritation from such excreta as urine or fæces, or by acrid discharges, as in eczema, and when used for this protective purpose, some stimulating substance, as oxide of zinc, is generally incorporated with them.

Simple oils are used to soften and facilitate the removal of scabs, as of impetigo, eczema, and favus. Poultices are likewise useful in favus preparatory to epilation.

Oils are sometimes, with occasional success, rubbed into the skin of the whole surface, to prevent the debilitating sweating accompanying exhausting disease, as phthisis; but this process is inferior to that of sponging the skin with a weak acid wash, and to other means. With the ancient Romans, during the decline, when warm baths were so much indulged in, it was the custom to anoint the body with fats, to check the profuse sweating caused by this enervating habit.

Fats are sometimes rubbed into the skin with a view to their absorption, so as to minister to the nutrition of the body.

Fats and oils are in general use as excipients for the application of various agents to the skin.

It has been asserted that the inunction of the body with fatty substances will induce a considerable fall in its temperature; but in a solitary testing instance I found this statement to be incorrect.

Rubbing the hands and feet with some firm fat will remove the irksome sensation of heat and tightness produced by the rashes of scarlet fever or measles.

Some practitioners treat scarlatina solely by inunctions, anointing thoroughly the skin of the whole body twice or three times a day with a bland fat, or oil, which is not to be wiped off during convalescence from scarlatina. Dr. Budd, of Bristol, recommends the inunction of oil; the patient takes a bath at night, and after being wiped quite dry, a bland oil, like almond oil, is rubbed over the whole body. This treatment is said to assist desquamation, and to prevent sequelæ; moreover, it probably lessens the risk of contagion by preventing the diffusion of the branny particles of the skin by currents of air.

In cases of ringworm, to prevent the extension of the disease it is a useful practice to grease the head very freely to hinder the sporules reaching the unaffected hair. The uncontaminated members of the family should also use grease to the hair freely for the same purpose; and probably it would be more preventive to use a mild mercurial pomade, or quinine dissolved in glycerine, so that the sporules may alight on some substance destructive to them.

Oils and fats are not used topically in diseases of the mouth, nor do fats undergo alteration in this cavity, and they are almost as little affected in the stomach. If enclosed in albuminous walls, as in the form of cell, these being dissolved, the fat is set free. Although themselves not acted upon by the stomach, fats, however, act upon the other forms of food: they certainly promote the fermentation of sugar and starch; and it is generally accepted that fats, by assisting those chemical changes which constitute digestion, aid the conversion of the nitrogenous food. For example, fats assist the fermentation of milk, and promote the process of artificial digestion; and this action of fats upon food can be demonstrated outside the body. But how fats effect these changes, and whether at the same time they themselves are in any measure modified in constitution, are questions at present quite unsettled. The importance of this property of fats must be sufficiently apparent, and needs no further comment. In large quantities they hinder digestion, possibly by their decomposition, and the formation of acids foreign to the stomach.

Fats are mainly, if not exclusively, digested and absorbed in the intestine. The pancreatic ferment steapsin causes some of the fat to take up a molecule of water and produces glycerine and fatty acids.

Pancreatic secretion also emulsionizes fats. The further absorption is due to bile. Bile also emulsionizes fats.

It has been surmised that fat may become saponified, and so pass through the walls of the intestines into the blood, and probably a small part does pass into the circulation in this form; but, as much unsaponified fat is visible in the epithelium cells covering the villi, and much can be extracted from the chyle, the chief part must undergo absorption in another manner.

The passage of fats through the moist animal membranes forming the intestinal canal is probably justly ascribed to the action of the bile; and in support of this proposition, apart from other evidence possible to adduce, it may be advanced that—

I. In capillary tubes moistened with water fats rise scarcely at all; but if the tubes are moistened with bile the fats rise from twelve to fourteen times higher.

II. While fats pass with extreme difficulty through moist, animal membranes, if these are moistened with bile the fats, as may be shown experimentally, pass readily.

Fats pass, to a small extent, into the blood by the agency of the intestinal juice.

The chief part of the fat passes into the lacteals; a little into the veins, to be conveyed to the liver, there to be converted into cholic acid; or, at least, it is probable that the oleic acid undergoes this change. The cholic acid, uniting with the soda set free when the hydrochloric acid of the gastric juice is poured into the intestines, forms a kind of soap, namely, the taurocholate and glycocholate of soda. These again find their way into the intestines, and after serving their destined purpose there, the base reunites with the acid of the gastric juice from which it has been separated.

The influence of fats on the secretion of bile varies according to circumstances; if taken on an empty stomach, fats lessen the biliary secretion; if taken with, or after food, they increase it.

As food greatly augments the flow of bile, we have here an indication, abundantly corroborated by experience, to give fats either with or soon after a meal.

The melting point of a fat must influence its absorption; for if this point is above the temperature of the body, the fat, unless dissolved in the more liquefiable fats, must remain unabsorbed.

The stomach tolerates animal far better than vegetable fats: moreover, animal fats may be given in larger doses, and for a longer time; circumstances which, in some measure, explain the medicinal superiority of animal over vegetable fats.

There is a limit to the quantity of fats absorbable by the body. In regard to cod-liver oil, at first only a small quantity is taken up, and often for some weeks some of it appears in the motions: however, more and more of it becomes absorbed, till full doses are borne,

and find entrance into the circulation; but in too large a quantity this oil is liable to decompose, and to form hurtful acids, exciting nausea, vomiting, colic, and diarrhœa. This limitation to the quantity absorbed as well as the irritation caused by an excess remaining in the intestines, are sufficient reasons, to say nothing of economy, to make it undesirable to give more fat than can be appropriated. Too large a dose is both wasteful and harmful. By examining the motions day by day we can at any time ascertain if too much is administered.

Catarrh of the intestines is a condition unfavourable to the absorption of fat. Oils are sometimes given after a poisonous dose of a corrosive substance, with the intention of forming a protective sheathing to the mucous membrane, but it is impossible to give a coating of oil to a membrane moistened with water. Cod-liver oil sometimes overcomes obstinate habitual constipation in children. Figs kept in Lucca oil, and one or two eaten daily, are gently relaxing.

Fat is speedily saponified in the lacteals and blood-vessels, and most of it in the blood-vessels appears to collect in the blood-corpuscles, and may contribute to their formation, growth, etc.

Fats, as we have said, are heat-giving, force-supplying, and plastic. In common with other combustible substances, they, through oxidation, uphold the temperature of the body. This, though an important, is not their only, nor their most valuable, function.

Fats, like phosphate of lime, are necessary both to growth and nutrition; for in the most vitally-endowed organs fats are found in excess, and abound wherever cell-growth proceeds rapidly; it abounds even in disease, for much fat is found in fast-growing cancer; it is found, moreover, associated with the more highly-organized constituents. Thus the fat existing in pus is chiefly associated with the corpuscles, comparatively little being found in the serum. More fat is found in plastic than in non-plastic formations; in fact observations day by day demonstrate more and more the importance of fats as tissue-forming substances. Facts like these obviously bear on the use of the members of this group in disease; but to this subject we shall return shortly.

Observations tend to show that fats are force-yielding substances, and that the peculiar forces of the body are mainly derived from the fats we consume. Only a short time ago it was considered that the forces of the body were derived from the combustion of the nitrogenous structures, but many circumstances tell conclusively against this hypothesis.

1. After severe and prolonged exercise, the urea of the urine is scarcely increased; and as this substance is a measure of the consumption of nitrogenous materials, it follows that at such times but little of it is consumed.

2. Under exertion, enormous quantities of carbonic acid are exhaled from the

lungs, pointing indubitably to the combustion of carbo-hydrates, or of fatty substances, the urea at the same time not being increased.

3. The combustion occurs chiefly, not in the blood, but in the muscles themselves, for when these are separated from the body, and made to contract under a bell-glass, they are found to yield, during the time of their activity, an enormous quantity of carbonic acid.

4. It has been found by experiment that when only starchy and fatty foods are eaten great exertion and prolonged labour can be endured, while at the same time the urea of the urine is but little increased.

Drs. Cutler and Bradford, using Malassez's method of counting the red corpuscles, find that in health cod-liver oil causes an increase in the number of red corpuscles, and a slight increase in the white.

Dr. John Day's (of Geelong) ingenious experiments show that fats possess considerable power in converting oxygen into peroxide of hydrogen; also that the colouring matter of the blood rapidly decomposes this into water, and nascent oxygen with its characteristic active properties; and he suggests that fats may play this important part in the blood, making inert oxygen of the atmosphere into active oxygen. His experiments show that the iron of the colouring matter of the blood is probably the agent decomposing the peroxide of hydrogen. Ether also possesses great power to form oxygen into peroxide of hydrogen; and Dr. Day suggests that the efficacy of etherized cod-liver oil may be due to the large quantity of peroxide of hydrogen it contains.

Fats being necessary to growth, nutrition, and the due performance of the bodily functions, are peculiarly suited to convalescents from acute general diseases. Fats are also useful in many chronic affections. On the subsidence of many acute inflammations, as of the kidneys, heart, or lungs, a chronic, but not less fatal, condition may be left, a condition the danger of which is in proportion to the health of the patient previous to the acute attack. If the patient's health has been impoverished, or if he is the subject of tuberculosis, or of scrofula, many sequelæ are apt to occur. Middle-aged and old people, in whom the nutritive process begins to flag, are more liable to chronic diseases after acute attack. A like danger threatens children whose previous health has been damaged by unhygienic conditions. It benefits the chronic degenerative diseases of old age. These and other maladies depend on deficient nutrition, and, as fats are peculiarly promoters of this function, they are especially useful in such chronic maladies.

The dependence of chronic affections on the state of general nutrition may be shown in another way. Persons are found to suffer from some slight local affection, but little troublesome while the health is unbroken, but as the weakest link of the chain is the first to yield, so if the health gives way, the local mischief becomes immediately developed or aggravated. Thus many individuals are able to measure the state of their general health by the conditions of a

local disease. Here, again, any treatment restorative of the general health will reduce the local affection to its former unimportant state, and in such a case cod-liver oil is often indicated.

Thus experience confirms the efficacy of cod-liver oil in many chronic inflammations, as of the heart, lungs, and kidneys, and in the sequelæ of the acute specific diseases, as the chronic discharge from the ears or nose so often left by scarlet fever or measles.

Cod-liver oil is of special service in scrofula, tending to remove the various manifestations of this disease, as chronic discharge from the ears and nose, strumous ophthalmia, strumous disease of the bones, strumous abscesses, etc.

In the treatment of phthisis cod-liver oil stands pre-eminent. The term phthisis, however, includes several distinct diseases. For our purpose it is sufficient here to divide them into the febrile and non-febrile varieties :—those forms manifesting preternatural heat of the body, and those in which the temperature is natural, or rises only occasionally, and for a short time. The existence of fever in the febrile forms of phthisis is by no means an indication of the uselessness or harmfulness of cod-liver oil, for in this condition many patients derive considerable benefit from it. In this form of phthisis, as, indeed, in all cases, we must be guided, in the employment of this remedy, not only by the nature of the disease, but also by the state of the patient in other respects. If the digestion is good cod-liver oil may generally be given with advantage, but if the stomach is irritable then cod-liver oil does harm by still further disordering it.

In the chronic, or non-febrile forms of phthisis, cod-liver oil is generally well borne, and does great good; but, as with the more acute varieties, it sometimes upsets the stomach. It is generally held that diarrhœa in phthisis is a decisive indication against the employment of the oil; but this is only partly true. Cod-liver oil, no doubt, sometimes increases diarrhœa, but this chiefly arises when the dose is unduly large, or too frequently administered; if only a teaspoonful is given at a dose once or twice a day the oil often even controls diarrhœa. In cases of phthisis with diarrhœa it is a good plan to begin the cod-liver oil with cautiously small doses, and if it suits it may be given with greater freedom. An excellent method is to give a teaspoonful the last thing at night, immediately before sleep, when it may often be borne without producing either nausea or diarrhœa, though previously it had occasioned one or both of these symptoms.

In the early stage, as might be expected, phthisis is most benefited by the use of oils.

Phlegmatic persons with sallow skins and dark complexions benefit more, it is said, by cod-liver oil than persons of sanguine temperament and florid complexion.

Cod-liver oil is often very serviceable in chronic rheumatism, rheumatoid arthritis, chronic gout, chronic skin affections, syphilitic or otherwise. It is also particularly useful in emphysema of the lungs, and chronic bronchitis; in the former checking lung degeneration, in the latter controlling the expectoration.

Many persons, especially the aged, complain of much sinking, or a sensation of "craving" at the epigastrium, relieved for a short time only by food, a condition sometimes connected with atonic dyspepsia, sometimes dependent on the general state of health. If the intestinal canal is not in an irritable condition, cod-liver oil will remedy this sinking. Middle-aged patients suffering from that anomalous group of symptoms called hysteria sometimes complain of the same irksome symptoms. In this case oil will remove the sinking, while it often simultaneously relieves the other symptoms of the group.

Cod-liver oil and quinine is the best treatment for giddiness in the aged, that is, when this symptom is not ascribable to serious organic brain disease, but probably to atheromatous changes in the brain-vessels, or to a weak heart. Indeed, cod-liver oil, since it promotes nutrition, is highly useful in the suffering due to old age.

Fats are of special use in the chronic diseases of children, arising from mal-nutrition, and any local malady will generally disappear on restoring nutrition and growth to the healthy state.

Cod-liver oil often favourably modifies the course of laryngismus stridulus, rickets, chorea, the middle and after stage of whooping-cough, and chronic coughs.

The obstinate constipation of children sometimes yields to cod-liver oil.

The chronic diarrhœa of a few pale, stinking, pulpy motions daily will reduce a child a few months old almost to a skeleton. The skin becomes leathery and wrinkled, food is, perhaps, rejected, and, when brought to this dangerous pass, thrush breaks out. While combating the diarrhœa or vomiting, a teaspoonful or half a teaspoonful of cod-liver oil, given to the child nightly before sleep, gradually increasing the quantity and frequency of the dose, will neither increase the vomiting nor the diarrhœa, but, on the contrary, will promote nourishment, growth, improve the general health, and rescue the patient from a perilous condition.

Hitherto, fats have been spoken of, for the most part, in common, but they certainly are not all equally useful therapeutic agents.

As we have seen, animal fats are to be preferred to vegetable fats; and liver fats are generally esteemed beyond all others. Whether cod-liver oil is superior to that derived from the livers of other animals is difficult to decide—since much of the cod-liver oil of commerce is procured, not only from the livers of various fish, but likewise, it is said, from those of other marine animals.

The superiority of cod-liver oil has been thought to depend on the minute quantities of iodine, phosphorus, or bile it contains—a conjecture clearly wrong, for the effect of these substances in disease is dissimilar to that of the oil.

The superiority of liver oils is ascribable to their easy toleration by the stomach. They generally can be taken without inconvenience for months or years, while other fats and oils often produce nausea, loss of appetite, and diarrhœa. There is reason to think that cod-liver oil is more easily absorbed than other oils.

Cod-liver oil, at first, often excites nausea, vomiting, and disagreeable eructations. Occasionally, the difficulty in overcoming the distaste for this medicine is almost insuperable; yet disgust is generally overcome, and in a short time the oil is taken even with relish, and children, indeed, often come to regard it as a treat. Sometimes at the commencement of the course a child becomes languid, appetiteless, and appears worse; but usually, after a week or ten days, the oil begins to be tolerated, and then improvement sets in.

The nausea and vomiting sometimes caused by this remedy may be produced by too large a dose. At first a teaspoonful only, or even less, is enough; and should the stomach manifest intolerance, one dose only should be given daily: and it is a good practice to give it at night-time, just before lying down to sleep.

Cod-liver oil is often administered in such quantities that it can scarcely be borne, even when the stomach is accustomed to it. Weeks, and even months may elapse, before full doses of oil can be digested and absorbed; hence, if swallowed in undue bulk, it merely passes off by the motions, and by its decomposition is liable to disorder the intestines. An examination of the motions will show whether the oil is given in excess.

Cod-liver oil should be taken after food, on orange, or ginger-wine or weak brandy-and-water, or some agreeable tincture of orange-peel, and should be so poured as not to touch the glass, but to float on the surface of the wine or the brandy as a globule, and thus tossed off. A little salt taken immediately before and after the dose often removes the taste, and prevents nausea, and it is said that a few drops of ketchup added to the oil will cover its taste.

A mixture composed of equal parts of cod-liver oil and fresh mucilage of gum acacia and water has very little taste, and the addition of two minims of oil of lemons to each ounce of this mixture effectually conceals the fishy flavour.

A cod-liver oil jelly has recently been preferred, which is said to contain 70 per cent. of oil. Bolted like jelly it is almost tasteless.

Notwithstanding such ingenious devices, it is not uncommon to meet with patients who, even after repeated trials, cannot tolerate the oil on account of the eructations, loss of appetite, nausea, or vomiting. In some cases this intolerance is due to dyspepsia; but

it is generally due to that inability to digest and absorb fat, so commonly noticed in consumption, even before its development. This fact has been much dwelt on by Dr. Balthazar Foster, who, led by some suggestive experiments of Claude Bernard—in the case of patients intolerant of oil, uses ether as a means of assisting the digestion and absorption of fat.

Claude Bernard has shown that the action of ether "is twofold—(1) it stimulates the pancreas and glands of the duodenum to pour out their secretions freely, and (2) at the same time facilitates the absorption of those very substances which these secretions are designed to digest. In other words, ether not only obtains for us the secretions required to digest, but promotes the absorption of these fats when digested." Bernard maintains that fats are chiefly absorbed by means of these secretions. After a prolonged investigation of the influence of ether, Dr. Balthazar Foster finds that oils and fats, which otherwise cause nausea and sickness, are, by means of this combination, retained and digested, thus increasing appetite, nutrition, and weight. Dr. Foster employs ether purus of the Pharmacopœia in doses of from ten to fifteen minims to every two drachms of oil. The ether may be given either separately, or with the oil; but as the ether masks the unsavouriness of the oil, it is better to combine them.

Lime-water mixed with the oil sometimes obviates the nausea, and even the diarrhœa induced by the ingestion of cod-liver oil.

Fats are consumed in the body, but sometimes a small quantity escapes with the fæces and urine. The quantity escaping by the urine is insignificant, except in the disease called chylous urine, in which fat is often present in considerable amount. In Bright's disease a little fat is voided with the uriniferous casts in the urine.

CASTOR OIL. CROTON OIL.

These oils consist of a bland oil, with a variable quantity of an acrid, irritating, purgative matter, which imparts to them their characteristic properties. This irritating substance exists in a small proportion in castor oil, and in a larger degree in croton oil. Croton oil irritates the skin, produces redness, vesication, and, with a strong application, even pustulation, followed by scars. The admixture of alkalies increases the irritating effect; hence, liquor potassæ is sometimes added, to intensify the effects of croton oil.

Its action is very variable; several applications on successive days

may produce but slight vesication, whilst sometimes a single moderate application sets up great irritation, much vesication, and even pustulation. Caution is therefore needful. When applied too energetically or too persistently, croton oil liniment sometimes produces superficial papilliform white round scars, with a hair follicle in the centre. These scars gradually disappear. Croton oil liniment applied to the chest of phthisical and bronchitic patients is highly esteemed as a counter-irritant, but, owing to the vesication it produces, it cannot generally be repeated more than once or twice on successive days, and sometimes only one application can be borne. In bronchitis and phthisis croton oil liniment is sometimes preferred to mustard poultices, and, indeed, certain patients aver that croton oil gives them greater relief than mustard poultices. The vesication, being a decided disadvantage, the patient must carefully avoid conveying any of the croton application to tender parts of the skin, lest it should provoke troublesome or severe inflammation of the face or scrotum. Dr. Tilbury Fox states that croton oil sometimes produces a symmetrical erythema of the face, lasting for a few days, where no direct application of the drug could have occurred; and I too have seen this erythema of the face occur during the employment of croton oil. It is hard to say whether this erythema depends on the action of the croton oil after its absorption into the blood, or on the volatile acrid principle, reaching the face through the air, or by means of the hands.

As in the case sometimes with iodine liniment, and now and then from a belladonna plaster, I have known croton oil liniment produce a crop of itching papules which have spread over the chief part of the body, reaching even to the feet.

Dr. Alder Smith employs croton oil as an application in obstinate ringworm. He says, "I generally put it on a patch about the size of a shilling, with a small camel's hair brush, and order a poultice to be applied at night; then, if it has not set up severe inflammation and pustulation by the next day, which is very rare, I apply it again, keeping poultices on constantly day and night. A pustular rash occurs at once, but the oil can be applied over this, and a daily application of it for three, six, or ten days, together with constant bathing with warm water, and frequent poulticing with linseed meal, will generally set up such inflammatory exudation that the patch resembles true kerion." Dr. Thin draws attention to the risk of this treatment causing permanent baldness.

The daily application of castor oil is reputed to remove warts in a month or six weeks.

Pure castor oil is almost tasteless. Croton oil has an acrid burning taste.

These oils, apart from their acrid principle, behave in the stomach and intestines, for the most part, like other oils. Croton oil in a large

dose inflames the stomach. If not quickly expelled from the intestines they become absorbed into the blood, and serve the same purpose as other oils.

The acrid matter of these oils, irritating the mucous membrane of the intestine, excites slight catarrh, and by this means purges. As alkalies intensify the action of the acrid principle, the purgative effect of these oils is heightened by admixture with the alkali of the bile.

These oils, especially castor oil, are commonly used as purgatives. Castor oil is a speedy, certain, and somewhat mild purgative, producing only one, two, or three motions, with little griping, It is said to purge when injected into the veins, or even when applied to the skin, and if this statement is true, the oil must have an especial affinity for the intestines. It is commonly used as a purgative for children, women with child, after parturition, in fever, piles, and fissure of the anus. It is not a good purgative in habitual constipation, as it increases the torpid habit of the bowels, an effect constantly witnessed in children.

Dr. Soper recommends castor oil and glycerine in equal parts, and finds with this combination that half a drachm of oil is sufficient. The oil must be added slowly to the glycerine in a mortar, and the mixture must be well rubbed together. The taste of the oil is thus covered.

Croton oil is a powerful purgative, producing watery stools, with much depression. It is an uncertain purgative, sometimes acting in half an hour, at other times requiring much longer. Large quantities, even six or eight drops, may be required; hence it is seldom used, unless, as in apoplexy, coma, and mania, when it is important to administer a purgative of small bulk. It is sometimes employed in obstinate constipation when other purgatives have failed. It is a good plan to give a quarter or a third of a minim every hour, by which means a much smaller total quantity often succeeds better than a larger quantity given in one dose. Owing to its acrid taste it is generally adminstered in the form of a pill, except to patients in a state of insensibility, when it is mixed with a little butter or lard, and conveyed to the back of the tongue, and is swallowed involuntarily, or trickles down the throat.

Röhrig, from experimental evidence, is led to conclude that croton oil given to fasting animals is a powerful stimulant to the liver; but Rutherford and Vignat did not get this result in their experiments.

As these oils remain but a short time in the intestines the greater part passes out with the motions. Probably little of the acrid matter passes into the blood, since, unless croton oil is swallowed in large quantity, those serious symptoms, seen after its injection into the veins, do not occur.

Like other purgatives, these oils may influence distant organs, as the kidneys, and act as diuretics.

Croton oil has been used in hydrocephalus, and it is said to have removed the excess of fluid from the ventricles of the brain.

Diarrhœa in children often yields to eight or ten drops of castor oil suspended in mucilage; but, unfortunately, the indications for this treatment being unknown, it often fails.

In the early stages of diarrhœa it is a common practice to administer a dose of castor oil, to carry away the irritant exciting the discharges.

A drop of castor oil introduced into the eye will often allay pain and intolerance of light produced by a fine irritant, as sand.

Castor oil may be taken almost if not quite tastelessly in beef-tea, highly-peppered and well salted; or the oil may be beaten up with an equal quantity of the froth of porter, and tossed off before the constituents have separated. A mixture consisting of castor oil, half an ounce; fresh mucilage of acacia, three drachms; distilled water, five drachms, has very little taste. It may be flavoured with oil of peppermint or oil of lemons. It is a good plan to pour into a wetted glass the required dose, and then toss it off without letting the oil impinge upon the teeth.

GLYCERINE.

The applications of glycerine are endless. It is antiseptic, and preserves lymph vaccine indefinitely. It is a useful application for chapped lips and hands; and for rough furfuraceous and inelastic skin, left after eczema, or other skin complaints. It restores suppleness to the tissues, and allays burning, tingling, and smarting. Undiluted glycerine may cause inflammation and smarting, hence it should be mixed with an equal quantity of rose-water or eau de Cologne. Glycerine of starch acts still better in rendering the skin soft and supple. In xeroderma a bath should be taken daily, and the ointment rubbed in after wiping the body thoroughly dry. Glycerine is a good application for dryness of the meatus of the ear; and when the tympanum is ruptured, it covers the opening in the tympanum with a thin film, supplying for a time the place of the lost membrane.

Dr. M. Rosenthal recommends glycerine as a solvent for alkaloids employed hypodermically. One drachm of glycerine will dissolve ten grains of muriate of morphia, twenty grains of sulphate of quinia, and only one grain of curare.

The lips, tongue, and gums, when dry and coated with dried mucus in acute diseases, should be washed and kept moist several times a day with glycerine, which greatly improves the comfort and appearance of the patient. If the sweet taste of glycerine is unpleasant, it will answer as well if diluted with an equal quantity of water or lemon-juice.

In the last stage of chronic diseases as phthisis, when the mucous membrane of the mouth becomes dry, red, shiny, and glazed, a condition which causes much distress, and is usually accompanied by great thirst, a wash of glycerine and water, to rinse the mouth, will relieve this harassing condition. Undiluted, glycerine is apt to make the mouth clammy and sticky. Glycerine will sometimes cure thrush.

Glycerine of carbolic acid is a useful application to fœtid sores and open cancers of the surface of the body, or of the uterus. It removes the offensive odour of the discharge, and improves the condition of the sore.

A pledget of cotton-wool, saturated with glycerine, and applied for several hours to the congested neck of the womb, will induce a copious serous discharge, and will give as much relief as the application of leeches. The pledget should be fastened with a piece of twine, so that the patient herself can readily withdraw it.

Glycerine of borax is a good application in pityriasis of the scalp, aphthæ, and thrush.

Glycerine is much used now in the manufacture of medicated pessaries.

Glycerine has been used in place of sugar, as in diabetes, but saccharine is far preferable. It has also been recommended as a substitute for cod-liver oil, but experience has shown its inferiority.

One of the best preventives of bed-sores is glycerine or glycerine cream. The part exposed to pressure should be washed morning and evening with tepid water, and carefully dabbed quite dry with a soft towel, and then gently rubbed over with a little glycerine or glycerine cream. If the skin is sore or tender the glycerine cream is best. A draw-sheet made of linen, and sufficiently large to be firmly tucked in at both sides of the bed (as any fold or creases are very apt to produce tenderness, and eventually sores), will prevent soiling of the bed-clothes. This preventive treatment should be commenced before the on-coming of redness or tenderness.

It relieves greatly when applied to the mucous membrane; in acute coryza vasaline is preferable.

Glycerine I find useful in stomach flatulence and acidity; a drachm to two drachms should be taken several times a day in tea, coffee, or water, with food.

A teaspoonful of glycerine neat, or added to water, is often useful in coughs, even the cough of phthisis. It may be added to a little

lemon-juice, which, in some cases, makes it more efficacious. This taken at night often lessens morning cough. It also is useful in dry throats. A drachm used as an anal injection is useful to relieve the bowels in constipation. A very large dose produces hæmoglobinuria, from destruction of the red corpuscles.

TANNIN AND ITS COMPOUNDS. ON GALLIC ACID.

These substances produce little or no change on the unbroken skin, but act as astringents to sores and mucous membranes, checking secretion by contracting the vessels and condensing the tissues. Rossbach, however, maintains that the vessels are dilated but not paralysed, for they contract on stimulation. They precipitate albumen, and thus coat over wounds, in some measure protecting them from the injurious action of the air, whence tannin-containing substances are applied to excoriations, profuse-discharging sores, and luxuriant granulations. Tannin is conveniently employed in the form of glycerine of tannin. This combination is useful in ozæna. After measles, scarlet fever, and some other diseases, the inside of the nose not uncommonly becomes excoriated and reddened, and discharges freely a thin sanious or thicker purulent fluid, which, on drying, scabs up the nose, and often excites eczema of the upper lip; now, if the inside of the nose is well brushed out with glycerine of tannin the discharge will cease, even after a single application; but if the scabs are thick, they must be thoroughly removed, to enable the application to act on the secreting sore surface. Glycerine of tannin is useful in syphilitic ozæna of children; it arrests the discharge, reduces the swelling of the mucous membrane which produces the characteristic sniffling, and, by enabling the child to breathe through the nose, permits sound refreshing sleep and effective suckling.

Occasionally among adults we meet with an impetiginous eruption of the inside of the nose, most severe near the orifice where the hairs grow, but extending higher in a milder form. Scabs block up the nose, especially at night, and the alæ, and sometimes the whole of the nose, is thickened, dusky red, and very painful. The swelling may extend to the adjacent structures, and may merge into repeated attacks of erysipelas of the face. Glycerine of tannin, applied once or twice daily to the whole cavity of the nose, speedily reduces and even cures this disease. The upper part of the nose is the most easily cured, but the disease situated in the hairy part is much more obstinate, and is very prone to recur again and again. In obstinate cases epilation is useful. Glycerine of starch or zinc ointment,

applied several times a day, keeps the tissues moist and supple, and is a serviceable supplementary application.

Glycerine of tannin will generally check the nasal discharge of thick, lumpy, greenish-black, and stinking mucus, and, even when it fails, it ordinarily removes the offensive smell. In other forms of ozæna, especially when the disease affects the upper and back part of the nose, with its numerous recesses, it is preferable to flush the nose with a deodorizing and astringent wash, which, besides benefiting the mucous membrane, washes away the inspissated putrefying discharge on which the stench of ozæna generally depends.

Glycerine of tannin is very valuable in otorrhœa, a common complaint of weak unhealthy children after severe illnesses. The external meatus must be filled with it, and retained there by cotton-wool. One application usually suffices, but a slight discharge may remain, or return in a few weeks, when a repetition of the treatment is called for. This treatment is inapplicable in the acute stages of inflammation of the meatus. This affection is much more difficult to cure when the tympanum is destroyed and the small bones are exposed; indeed, in such cases, the tannin only restrains and deodorizes the discharge, which generally returns when the application is stopped. Glycerine of tannin will often cure the chronic vaginitis of children, a complaint generally more obstinate than either ozæna or otorrhœa.

Glycerine of tannin is useful in some stages of eczema. After the removal of the scales, if the inflamed, red, swollen, and weeping raw surface is painted with this preparation, it notably abates the discharge, redness, heat, and swelling. A poultice must be applied at night; if the glycerine of tannin excites much pain the poultices must be continued night and day. In a less active stage, when the tissues are not so red, swollen, and weeping, eczema yields still more readily to glycerine of tannin, applied twice or thrice daily. A poultice is useful at night. Tannin glycerine quickly allays the troublesome itching, tingling, and burning, so common in eczema; hence it prevents tearing with the nails and rubbing, which hinder healing, nay, even cause the eczema to spread. It may not entirely remove the disease, but only reduce it to the desquamative stage, with a tendency to crack and ooze, when tar, carbolic acid, or other ointments become necessary to complete the cure. The same treatment is useful in impetigo. A poultice must be applied each night to remove the scabs, and the tannin application should be employed during the day. While treating these skin diseases, the state of the digestive organs must not be overlooked.

Eczema of the ears, common in middle-aged and old people, readily yields to glycerine of tannin, unless the inflammation runs high, with great swelling, heat, and weeping. This remedy is also very efficacious in eczema behind the ears of children, one or two applications speedily drying up and healing the eczema, although it may have

lasted for weeks or months. The gums must be lanced, if red and swollen, and other irritations removed.

Glycerine of tannin sometimes benefits intertrigo.

Equal parts of tincture of catechu and liquor plumbi is a useful application to prevent bed sores.

The following is an excellent pomatum for dandriff:—Tannic acid, ʒj; glycerine, ʒfs; prepared lard, ℥j; balsam of Peru, 20 drops; oil of bitter almonds, four drops.

Glycerine of tannin is very useful in many throat diseases. Immediately after acute inflammation, when the mucous membrane grows less red, less swollen, becomes moister, and is covered with mucus or pus, glycerine of tannin painted on the pharynx hastens recovery, prevents chronic inflammation with relaxation of the mucous membrane, which often follows the acute disease, heals superficial ulcerations occurring as the acute inflammation subsides, and cures hoarseness. It causes dryness of the mouth and lessens the sensitiveness of the nerves, both of ordinary and special sensation.

Glycerine of tannin is useful on the appearance of ulceration in aphthous sore throat. In chronic inflammation of the throat when the mucous membrane is relaxed, swollen, granular-looking, and covered with mucus or pus, a few applications of glycerine of tannin brace up the tissues and lessen or remove the hoarseness. This kind of throat, often with slight enlargement of the tonsils, is common in children, and sometimes produces deafness, and still more often a frequent hacking cough, which may keep the child awake the greater part of the night. In children this is so commonly the cause of cough that it is well always to examine their throats. Glycerine of tannin applied daily speedily allays the cough, and cures the deafness. Throat deafness is the most common form of that infirmity in childhood; and when not due to enlarged tonsils, generally depends upon the kind of morbid throat just described.

Many coughs depend on the state of the throat, a fact accepted in theory, but little regarded in practice. Glycerine of tannin is very useful to allay the cough and frequent deglutition excited by an elongated uvula, and the frequent hacking cough in phthisis, due to inflammation or ulceration of the throat. A good night's rest may be often obtained by painting the throat shortly before bedtime, and a small quantity of morphia added to the glycerine of tannin increases its soothing effect. Mopping the pharynx, epiglottis, and adjacent structures with this application will much reduce the frequency and violence of the paroxysms of whooping-cough. It is of little use if the case is complicated with catarrhal or other inflammation of the lungs, tuberculosis, or any irritation, as that from teething; but in simple uncomplicated whooping-cough it is very useful. The paroxysmal cough often left by whooping-cough, which

readily returns on catching cold, yields to this treatment. Better than a solution of nitrate of silver, in whooping-cough and the foregoing throat diseases, is glycerine of tannin, as it excites less pain, and is less disagreeable to the taste. (See Nitrate of Silver.) Glycerine of tannin is more efficacious than tannin lozenges.

Glycerine of tannin is useful in ulcerative stomatitis, especially in that form affecting only the edges of the gums; but dried alum is a better application. (See Salicine.)

In diphtheria and croup, Trousseau successfully employed a solution containing five per cent. of tannin, in the form of spray, several times a day, for fifteen or twenty minutes.

Tannin unites with albuminous matter in the stomach, forming an insoluble substance, and any tannin left uncombined constringes the mucous membrane, and lessens its secretions. As tannin likewise diminishes the solvent power of the gastric juice, it is inadvisable to give tannin-containing substances close to meal times.

It is asserted that tannin, by virtue of its astringency, cures slight catarrh of the stomach; hence tannin preparations are occasionally employed in irritative dyspepsia. Some give tannin for pyrosis, but they do not discriminate whether it checks neutral, alkaline, or acid pyrosis, or all these forms of the complaint. In poisoning by alkaloids, as strychnine and morphia, tannin is given to render them less soluble. Tannin controls bleeding from the stomach; it should be given in large doses of gr. × to gr. ××. The members of this group are astringent to the intestines, lessening their secretions and probably their contractions; hence they constipate, and tannin-containing substances, as catechu, kino, red gum, rhatany, and hæmatoxylum, are very useful in most forms of acute and chronic diarrhœa. The members of this group are employed as anal injections to check diarrhœa, to destroy thread-worms and to restrain prolapsus ani.

Few applications are so useful in irritable piles as gallic-acid and opium ointment. The combination quickly relieves pain, and after a time even reduces the size of the hæmorrhoidal tumours. Calomel ointment, too, is highly useful.

Owing to their low diffusion-power, the members of this group must pass but slowly from the intestines into the blood. For topical action on digestive mucous membrane tannin is best, but gallic-acid is best to influence distant organs. After, if not before, absorption into the circulation, they must become neutralized with albumen, and for this reason some authorities maintain that tannin and its allies do not act as astringents to organs distant from the intestines. Nevertheless, tannin and gallic-acid are frequently employed with considerable benefit to check bleeding from the lungs, uterus, and kidneys. Bartholow states it is especially useful in bleeding from the

kidneys, and is less beneficial in checking over-abundant secretion of milk, and profuse sweating.

Tannin is sometimes administered to diminish the loss of albumen in chronic Bright's disease, and George Lewald has experimentally tested its power in this respect. In a few carefully-conducted experiments he found that the albumen was always lessened to an inconsiderable amount, the daily average diminution amounting to about 0·66 grammes. Tannin produced a much more decided increase in the quantity of urine.

An injection of glycerine of tannin is very beneficial in the after-stages of gonorrhœa, and in gleet, but, as the undiluted preparation commonly excites much pain, it should be mixed with an equal quantity of olive oil or mucilage. Two drachms of this mixture is enough for each injection, for too much will excite frequent and painful micturition; the discharge in many instances ceases only during its employment. Urethral injections should be persevered with eight or ten days after the cessation of discharge, and as they are apt to excite seminal emissions, should not be employed at bedtime.

Tannin, either alone or blended with other astringents, is a useful injection in leucorrhœa. In obstinate cases, and when the os uteri is ulcerated, a suppository of tannin and cocoa-nut fat applied to the mouth of the uterus is very beneficial. Glycerine of tannin checks the great discharge of cancer of the uterus, and destroys the stench: but a mixture of glycerine of tannin and glycerine of carbolic acid is still more useful.

The effect of the members of this group on the natural constituents of the urine is unknown. Gallic-acid "passes unchanged into the urine, and has been detected one hour after being taken." Tannin acid "passes off by the urine in the forms of gallic and pyrogallic acids, perhaps of a saccharine body." (Parkes.)

HAMAMELIS VIRGINICA.

Two preparations of this plant are largely used—a tincture and a preparation called Hazeline. Pond's extract, too, owes its virtues to this plant.

Various preparations of witch hazel have long been in vogue in America among the natives, who introduced it to the English settlers.

It is largely used in hæmorrhage, and is most serviceable in passive hæmorrhage, or in bleeding (oozing) from small vessels.

Applied on lint or cotton wool, it is useful for bruises, also for oozing from wounds and sores.

In various hæmorrhages it is also very useful when taken by the stomach, and thus administered is useful often in epistaxis hæmoptysis, and hæmatemesis. It has been recommended in the hæmorrhagic diathesis ; but in the case of a lad with this peculiarity, I employed it in vain on several occasions in nose bleeding.

It is useful in purpura, and I have seen severe cases much benefited by a drachm of the tincture given hourly, though, in most cases, half this dose is sufficient. Dr. Hall recommends it in dysentery, when the discharges contain much blood. I have known it in several cases arrest hæmaturia when other remedies had failed.

It is very useful, too, in some forms of menorrhagia. The dose is two drachms of hazaline twice or thrice a day. It often relieves the pain of dysmenorrhœa.

An obstinate case of bleeding from the bladder, due probably to a vascular growth, was cured by injecting twice daily into the bladder half an ounce of hazeline.

It is very valuable for piles. It rarely fails to check bleeding from piles, even when administered by the mouth. But its effect is much enhanced by injecting half a drachm to a drachm of the tincture in an ounce of cold water daily, as in the morning before rising.

It not only checks bleeding, but if this treatment is persisted in for several months it permanently relieves or even cures piles that are not very large. It has been employed successfully in varicocele, and one case I have seen in which, during the employment of the drug, the varicosities entirely and apparently permanently disappeared.

Dr. Preston extols it in phlegmasia dolens.

It is useful, too, in catarrh of the mucous membrane, and snuffed up the nose it is beneficial for colds in the head and in hay fever.

Dr. Hector Guy investigated the physiological action of this useful and interesting drug, and found that it is not tonic in very large doses, and that it has no action on the heart, arteries, or veins. The active principle is probably an essential oil. It contains no alkaloid. Drs. Wood and Marshall, experimenting with a strong distillate, were unable to obtain any physiological effects. It contains much tannin and gallic acid, and some ascribe its virtue to these substances ; but the distillate is efficacious, and this contains only the volatile oil.

In the earlier editions of this work I recommended one or two minims of the tincture every two or three hours, and this, in many cases, is quite sufficient to check bleeding, but much larger doses will succeed when these small quantities fail. But larger doses sometimes cause severe headache.

COTO BARK.

Of this plant the tincture in ten-minim doses, or the alkaloid cotoin in half-grain to two-grain doses, or the powder in one to ten-grain doses several times a day is the usual dose.

It is highly recommended, especially by Albertini, in all forms of diarrhœa, acute and chronic, even the diarrhœa of phthisis. Some use it largely in the diarrhœa of infants. Said to be useless in the diarrhœa of drunkards and from cirrhosis.

Albertini says it increases appetite and augments venous pressure, and excites active hyperæmia of the abdominal organs. It is reputed to check salivation and the sweating of phthisis.

The powder irritates the nose. From an allied bark, paracotoin is obtained, which is used in simllar cases and employed in similar doses as cotoin.

PETROLEUM. VASELINE, &c.

Since vaseline remains unchanged by exposure to the air, it is highly useful for lubricating the skin when it is dry or hard, as in psoriasis, chronic eczema, zeroderma, chapped hands, sunburn. It is excellent in many cases of chronic eczema where the skin is dry and scaly. Ol delena I have seen very useful in these cases.

As it is not absorbed by the skin it is not the best vehicle for medicines like aconitia, veratria, &c., and is used only with those substances, as lead mercury, zinc and iodide of sulphur, which make lard rancid.

Petroleum, or benzin, are popularly used as local applications in chronic rheumatism, and appear to be of considerable service.

TAR. CREASOTE, &c.

The empyreumatic oils, and their derivatives, are very useful in many chronic skin affections, as chronic eczema, psoriasis, erythema. The odour of oil of cade, or oleum rusci, is less disagreeable than that of tar, liquor carbonis detergens, and carbolic acid. Dr. McCall Anderson strongly recommends these oils, especially liquor carbonis

detergens, oil of cade, and oleum rusci. In most cases they afford immediate relief from the tormenting itching of chronic eczema, psoriasis, erythema, and prurigo, but if too long continued they excite inflammation of the hair follicles, forming papules and pustules, with a black spot in their centre. Hebra terms this eruption tar-acne. They often excite considerable inflammation in delicate skins. The topical effect of the vapour even sometimes produces acne. The parts protected by clothes escape, showing that this effect is not induced through absorption by the lungs.

These oils are useful in chronic eczema, after the subsidence of inflammation, especially when only a little redness, itching, and some desquamation remain. Sometimes pure tar succeeds better than its ointment; but if there is inflammation, or if the surface is raw and weeping, it will then excite great pain and inflammation. In some instances the application of undiluted petroleum much improves local forms of eczema, as that kind which occurrs on the back of the hands; but as this application is generally very painful, other and milder remedies should first be tried.

The external application of these remedies in psoriasis is often very serviceable. Tar, or its ointment, seldom fails to benefit chronic psoriasis; and some of the most obstinate forms of this disease may often be cured by painting the patches of the eruption with pure undiluted tar, allowing it to remain till it wears gradually away. If the unsightliness of the tar ointment is objectionable, the creasote ointment, composed of two or three parts of creasote to one part of white wax, recommended by Mr. Squire, may be substituted. This powerful ointment must be applied only to the patch of psoriasis, not on the adjacent healthy skin, otherwise it will blister. To avoid staining exposed parts, Dr. McCall Anderson sponges the eruption three or four times daily with a wash composed of crystallized carbolic acid, two drachms; glycerine, six drachms; rectified spirits, four ounces; distilled water one ounce. But he considers carbolic acid inferior to tarry preparations. He strongly insists on the necessity of rubbing in the ointments till they have nearly disappeared, and, lest they become rancid, of washing them off with soap and water before each fresh application.

Petroleum soap, cade soap, and carbolic acid are useful in both chronic eczema and psoriasis. As these soaps are made of different strengths, if one kind prove too strong and irritating a milder form may be substituted.

The inhalation of creasote or carbolic acid, ten to twenty drops in boiling water, is useful in bronchitis, lessening in some cases over-abundant expectoration. It will generally remove the breath fœtor occasionally met with in bronchitis, and sometimes even the fœtor due to gangrenous lung. The inhalation of even ten drops produces in some persons giddiness and a sensation of intoxication. Inhalation

of carbolic acid with steam, or in spray, is useful in whooping-cough. Used in an oro-nasal inhaler, twice or three times a day, for a quarter to an hour several times a day, creasote, in five to ten minim doses, is very efficient in easing the cough of chronic phthisis and chronic bronchitis. It seems especially useful where the cough is violent and protracted, and out of all proportion to the amount of expectoration, when, indeed, the cough seems largely to depend on an excitable state of the nerves. Its effect is often rapid and complete; in fact I know of no remedy that affords in some cases so much and such rapid relief. I have seen it relieve the violent cough accompanying plastic bronchitis.

Creasote, mixed either with tannin or opium, introduced into the hollow of a decayed and painful tooth, often gives relief.

A creasote or carbolic gargle or wash proves very efficacious in sloughs of the mouth or throat, removing the offensive odour, and producing a healthier action in the sore.

Small doses of creasote excite no particular symptoms in the stomach, but a large quantity produces a sensation of burning at the epigastrium, with nausea and vomiting.

During its transit through the intestines creasote appears not to undergo any change in composition, as its characteristic odour may be detected in every part of the canal. It checks the vomiting of various diseases, as that of pregnancy, sea-sickness, cancer, ulcer of the stomach, Bright's disease. It often promptly relieves stomach pains occurring after food.

Creasote has been given in cholera and typhus fever, but apparently without much benefit,

Creasote passes into the blood, and its odour is detectable in most of the organs, showing that it probably remains in chief part, if not entirely, unaltered in the blood.

Tar, creasote, and carbolic acid are used in bronchitis and in phthisis to check both the quantity of the expectoration and its offensiveness. They are especially useful in chronic bronchitis. Tar-water is an old-fashioned and approved remedy in bronchial complaints. The frequent and popular use of tar-water, both by the profession and by the laity in France and Belgium, led me, in conjunction with Dr. Murrell, to try its effects. Patients so susceptible to cold that they were obliged to remain indoors the whole winter, informed us that this remedy curtailed considerably the duration and lessened the severity of their catarrhal attacks, and that, by an occasional recourse to the tar, they became less prone to catch cold, and could more freely expose themselves to the weather.

We employed tar in two-grain doses, in a pill, every three or four hours. From October to January, inclusive, we carefully watched its effects on twenty-five patients, whose ages varied from thirty-four

to seventy, the average being forty-four. All these patients had suffered for several years from winter-cough, lasting the whole winter. They were out-patients, and visited the hospital weekly, or oftener. Most of them were much exposed to the weather, whilst some, being so ill, were obliged to stop work, and therefore were less exposed.

These patients suffered from the symptoms common in winter cough—paroxysmal and violent cough, the paroxysms lasting from two to ten minutes, recurring ten to twelve times a day, and in the night spoiling sleep. The expectoration, frothy and slightly purulent, was generally rather abundant, amounting in some cases to half a pint or more in the day. The breathing was very short on exertion, but most of them could lie down at night without propping. The physical signs showed a variable amount of emphysema, with sonorous and sibilant rhonchus, and occasionally a little bubbling rhonchus at the base.

These patients usually began to improve from the fourth to the seventh day; the improvement rapidly increased, and, in about three weeks, they were well enough to be discharged. The improvement was so decided that the patients returned to their work; even those who, in previous years, had been confined to the house the whole winter. The cough and expectoration improved before the breathing. In several cases the expectoration increased during the three or four first days; but its expulsion became easier, and with the improvement in the cough and expectoration appetite and strength returned.

On discontinuing the tar a relapse often occurred in a week or two, and the patient returned with a request for more of the same medicine, and then a second time the symptoms quickly subsided. We found it useful in bronchial asthma, and its effects were more evident in cases where expectoration and cough were more marked than dyspnœa.

We have no doubt that tar is a useful, though, perhaps, not a striking, remedy in these troublesome affections; and certainly it is more efficacious than the drugs generally employed.

It may be remarked that tar is useful in the same cases for which the spray of ipecacuanha wine is serviceable. The spray, we find, acts much more quickly, and unlike tar, it lessens dyspnœa even before it improves cough, or diminishes expectoration.

Creasote in full doses is strongly recommended in phthisis, especially for the non-febrile or only slightly feverish cases. It is said to diminish expectoration, improve appetite, and increase weight.

Dr. Anderson gives tar in chronic eczema. He begins with three or four minims in treacle, pill, or capsules, gradually increasing the dose to ten or fifteen minims three times a day. In gangrene of the lungs creasote is employed to obviate the fœtor of the expectoration,

and as an inhalation it certainly succeeds, though when swallowed it is of doubtful efficacy.

Oppression of the head, epigastric pain, vomiting of dark coloured fluid, and black motions sometimes occur after the application of tar, though rarely except when applied over a large area.

Tar and creasote are reputed to be diuretics; and, as some of the ingredients of tar pass off with the urine, changing its colour and odour, they may possibly act on the urinary tract. Thus tar, creasote, and carbolic acid, administered either internally, or applied externally, cause sometimes at first dark-coloured, and sometimes black, urine, which gradually becomes lighter in tint. It is said that the dark colouration of the urine occurs more frequently from the external than from the internal use of carbolic acid; and Ferrier suggests that this is owing to its becoming oxidised before its absorption. Sometimes the urine is natural in colour when first passed, but becomes dark on standing. On the addition of sulphuric acid the odour of tar is readily perceived, and chloride of iron develops a beautiful blue colour. The local application of ol fagi, ol rusci, ol cadini, occasionally affects the urine in the same manner. The urinary changes are especially marked within the first few days, but after a time these changes become scarcely perceptible. The urine remains clear throughout, rarely contains albumen, and does not exhibit an excess of iron, showing that the discoloration is not due to disintegrated blood corpuscles. The urine, in health, contains a trace of carbolic acid. Carbolic acid and creasote sometimes excite strangury. Carbolic acid and sulpho-carbolates administered by the stomach prevent, as we have shown, decomposition of the urine; possibly these drugs may prove useful agents to preserve the urine sweet in cystitis, enlarged prostrate, and paralyzed bladder.

CARBOLIC ACID AND SULPHO-CARBOLATES.

Carbolic acid destroys the lowest forms of animal and vegetable life, and prevents fermentation and putrefaction. Whilst it prevents the fermentation of sugar, it is said not to prevent the conversion of starch into sugar, nor the decomposition of amygdalin. Dr. Brunton, however, in his work states that strong solutions will prevent these changes. It is largely employed to prevent the stenches of drains, water-closets, dissecting rooms, and hospital wards. Unlike chlorine and permanganate of potash, carbolic acid is incapable of destroying offensive gases; it only prevents their formation. Its destructive

influence over the low forms of animal and vegetable life has led to its being employed as a disinfectant. It is a good plan to hang a sheet, kept moist with a solution of carbolic acid, and large enough to cover the doorway of the sick chamber, and to extend a little beyond.

Koch finds that chlorine, bromine, and corrosive sublimate are decidedly more efficacious in destroying the bacilli spores of splenic fever than carbolic acid, sulphurous acid or zinc chloride; and where gases or heat cannot be employed he recommends a mercuric salt, as mercuric chloride, sulphate, or nitrate. One part in a thousand of these solutions killed the resting spores in ten minutes, and one part in fifteen thousand is strong enough to kill micro-organisms.

Creasote and carbolic acid act energetically on the skin, producing opaque, white patches, and exciting active inflammation, followed, in a few days, by desquamation. They coagulate albumen, and are stimulant and astringent; hence they may be employed to check bleeding.

Carbolic acid, locally applied, is an anæsthetic. Dr. A. H. Smith painted on his forearm a spot an inch in diameter, with an 85 per cent. solution of carbolic acid. For a minute it caused slight burning, then the skin became quite numb, whitened and shrivelled; at this point he made an incision half an inch long without even feeling the knife, the wound healing as usual. Three hours afterwards he thrust, without pain, a needle into the skin, and next he applied a blister to the carbonized skin without causing pain or vesication. He found that in incising two whitlows this application greatly lessened the pain.

Professor Erasmus Wilson employed carbolic acid as an anæsthetic, to diminish the pain arising from caustics, as potassa fusa. Brushed over the delicate part or raw surface several times, the acid coagulates the albumen, "benumbs the surface, and permits the caustic action with a great reduction of pain." Mr. Wilson employed this method in lupus, epithelioma, and in disease of the glands and prepuce.

A solution of carbolic acid or glycerine of carbolic acid is often useful as a topical application to relieve itching; even the itching due to jaundice. Dr. Squibb says that the anæsthetic action is useful in burns and erysipelas, for a one per cent. solution applied on lint and frequently renewed relieves pain of burns in ten minutes, and its influence, provided the application is used from the first, is persistent for twenty-four hours.

Carbolic acid applied as a stimulant and antiseptic to gangrenous and ill-smelling sores prevents the stench, and improves the condition of the wound.

Provided inflammation runs not too high, carbolic acid ointment,

composed of ten minims of the acid to an ounce of simple ointment, moderates the weeping stage of eczema and allays the tingling and itching. It is useful in the eczema of the heads of children.

Carbolic acid has the great advantage of being free from colour. It is useful in eczema, psoriasis, and prurigo, but it is generally considered inferior to tar.

Dr. Alder Smith finds glycerine of carbolic acid very useful in the early stages of ringworm.

Dr. Eade recommends the use of carbolic acid for carbuncles and carbuncular boils. He employs a solution one part of carbolic acid in four of glycerine or oil, and soaks in this small pieces of lint, and thrusts them through the opening of the broken skin to the bottom of the holes and sinuses in the carbuncle, and keeps the surface of the carbuncle covered with lint soaked in the solution. This application he maintains prevents the extension of the carbuncle. This treatment is only useful in that late stage of the carbuncle when the skin is broken and the carbuncle discharging.

Professor Hüter employs carbolic acid hypodermically in erysipelas. He uses the following formula:—Carbolic acid and alcohol, of each ʒ ss; distilled water, ℥ ij. Of this six to eight syringefuls should be injected at different points where the inflammation is most intense, and should be repeated next day, or in a few days, if the disease spreads.

Carbolic acid topically applied is very useful in malignant pustule (anthrax). It may be injected into the neighbourhood of the pustule; two minims in a two per cent solution, repeated twice a day or two or three days; or compresses soaked in a five per cent solution, are to be frequently applied. Some paint the diseased part with concentrated carbolic acid.

Glycerine of carbolic acid appears to me to be highly useful as a topical application in the throat in diphtheria. It should be applied only to the diseased portions of the mucous membrane twice a day.

Carbolic acid spray to the nose or a gargle of one per cent. solution is recommended in contagious coryza or sore throat.

A weak solution of carbolic acid is a very useful injection or wash for the cavities of large abscesses, or in empyema, after the evacuation of pus. A like injection will correct the fœtor arising from cancer of the womb, or other uterine diseases. Carbolic acid removes the stench and lessens the discharge in ozæna.

A lotion consisting of one part of carbolic acid to one hundred parts of water is useful in pruritus ani. Dr. J. Thompson employs marine lint soaked in carbolic lotion. He pushes every night a small plug into the anus, a part being left as a pad outside. Carbolic acid is useful in pruritus pudendi. It may cause considerable irritation both in pruritus ani and pudendi, the skin sometimes being so

delicate that even a weak application causes considerable burning and smarting.

The investigations of Dr. Sansom, who first employed sulpho-carbolates in medicine, prove that these salts arrest fermentation in different degrees, sulpho-carbolate of soda being most efficient; then follows a salt of magnesium, then of potassium, then of ammonium. Administered to animals, they prevent putrefaction and decomposition of urine, although Sansom could not detect any of the salt in this excretion. He gave sulpho-carbolate, and then collected and preserved the urine, which after six months had not undergone decomposition.

Sulpho-carbolate of soda and carbolic acid are very useful in flatulence, especially when there is great distension, unaccompanied by pain, heartburn, or other dyspeptic symptoms. Sulpho-carbolate of soda will generally relieve extreme flatulence, producing copious eructations and considerable distension, symptoms not uncommon in middle-aged women and phthisical patients. When flatulence occurs immediately after a meal ten or fifteen grains of sulpho-carbolate of soda should be taken just before food: when it occurs some time after meals, the medicine in the same dose should be taken half an hour after food.

We often meet with patients, generally women, who suffer from what is ordinarily called "spasms." The patient complains of considerable flatulence and distension, often limited to one part, or sometimes more marked in one part, of the abdomen, generally on the left side under the ribs, accompanied by severe pain, which, like the flatulence itself, is often most marked under the left side of the chest. The pain, temporarily relieved by the eructation of a little wind, soon returns and may endure many hours, and may frequently recur. In some cases the complaint is evidently a neuralgia of some of the abdominal nerves, the pain being chiefly excited by flatulence. Sulpho-carbolates, in doses of fifteen grains, or carbolic acid in one to two minim doses immediately before or after food, prevent the formation of wind, and they often afford considerable relief.

Carbolic acid is readily absorbed by the skin, Internally and even externally, even in small quantities, it may produce sometimes serious symptoms, some patients being affected much more readily than others; it may excite severe vomiting, giddiness, delirium, contracted pupils, irregular breathing, hæmaglobinuria, even coma or collapse, with weak pulse and cold sweat, lowered temperature, even to several degrees. These toxic symptoms are, it is said, best combatted by the free use of diluents; so, doubtless, the symptoms arising from tar would be benefited by the same means. Injected under the skin of a frog, carbolic acid causes weakness, passing into complete paralysis, convulsions and death. Slight irritation of the skin induces violent convulsions. These convulsions are

central. Some believe they depend on the action of the poison on the spinal cord; others conclude on experimental grounds that the convulsions are due to the effect of the poison on the central basal ganglia.

The convulsions are tetanic in frogs, but chronic in warm-blooded animals; as with the spinal cord so with the respiratory and vaso-motor centre, they are first stimulated and then paralyzed. Carbolic acid stimulates the sweat and salivary centres.

Professor Czerny describes a chronic carbolic poisoning which attacks surgeons much exposed to the spray. There is a slight headache, bronchial irritation, languor, diminished appetite. The legs feel heavy, there is nausea, especially in the morning. The patient complains of insomnia, and is anæmic, and his skin itches. These symptoms disappear with a few days' absence from the exciting cause.

Carbolic acid is recommended to reduce temperature in fevers, but it is inferior to many other anti-pyretics. Like other anti-pyretics it has a greater effect on the febrile than on the non-febrile temperature.

Carbolic is useful as a sedative to the stomach, and also to check fermentation. Thus, in one to two minim doses it is useful in many forms of vomiting due to irritation of the stomach; it is likewise very useful in flatulence, especially when it is copious.

Carbolic acid as spray or administered internally is useful in coughs, especially where the secretion is abundant. A four per cent. spray with administration of half a minim to two minims every three or four hours is highly efficacious in whooping-cough,

Dr. Lloyd Roberts, of Manchester, was one of the earliest to draw attention to the virtues of carbolic acid, now commonly employed in ulcer of the os and cervix uteri, in chronic inflammation of the uterus and cervix with excoriation, and in chronic uterine catarrh. "I use," says Dr. Roberts, "invariably the pure acid. A capital plan for maintaining the fluidity of the acid, devised by Mr. Weir, of Dublin, and recommended by Dr. Roe, is to add a few grains of camphor to a little of the acid. In simple ulceration a free application of the acid drawn over the surface twice a week is sufficient. When it is necessary to apply the acid to the interior of the cervical canal I use a charged camel-hair pencil, or a gum elastic catheter, having previously removed, with a piece of lint or injection of water, any impeding mucus. In applying it to the interior of the uterus by injection, it is very important to have the cervical canal freely open, so that any superfluous injection may pass freely out. Care should also be taken to ascertain the direction of the uterus; as in cases of retroflexion any of the injection passing beyond the curved portion of the organ and retained there would be certain to produce untoward consequences. When injected into the uterine cavity the acid

should be diluted with glycerine and water, commencing with a weak solution, gradually increasing the strength as circumstances require. I also use this acid freely as an ordinary injection in vaginal leucorrhœa, uterine ulceration, and cancer; and it will be found an excellent cleanser, healer, disinfector, and allayer of pain. Although its action does not penetrate below the diseased surface it possesses, in equal degree with the stronger caustics, the property of changing the vitality of the tissues, and produces rapid cicatrization, dissipates the inflammation and hypertrophy, and relieves pain."

An injection composed of twenty grains of sulpho-carbolate of zinc to eight ounces of water, used twice or thrice daily, is useful in gonorrhœa.

It is said that sponging the exposed part of the body with a weak solution of carbolic acid will drive away mosquitoes.

MUSK. CASTOREUM.

These medicines, although once highly esteemed by Graves and Cullen, especially musk, are but seldom used. Their peculiar and characteristic odour is oppressive and sickening, and sometimes causes headache, giddiness, and even fainting; hence musk is ill-adapted for the sick-room.

These substances have a bitter taste.

Jorg asserts that musk, in two to five-grain doses, causes weight at the stomach, eructations, dryness of the œsophagus, heaviness of the head, giddiness, headache, followed by sleepiness, faintness, and a sensation of heaviness in the whole body; and, in very large doses, trembling of the limbs, and even convulsions. It is said they strengthen and quicken the pulse. Trousseau and Pidoux failed to obtain these symptoms, noticing only headache with giddiness, the pulse being unaffected.

These remedies are employed in melancholia, and for many of those anomalous but distressing symptoms grouped under hysteria. They have been given in chorea, epilepsy, whooping-cough, nervous palpitation, cramps of various parts of the body, and even in tetanus. Dr. Graves employed musk in typhus and other fevers, to prevent prostration, and to strengthen a weak and feeble pulse.

Professor Horatio Wood highly commends musk in delirium tremens and acute specific fever. He gives ten grains with ten to twenty drops of laudanum per anum, the laudanum being added to secure the retention of the musk. He draws attention to the fact that it soon loses its effect by repetition.

In cardiac dyspnœa, ten drops of tincture of musk given every quarter of an hour, for four or six doses, is recommended to remove the oppression of breathing and to induce good sleep.

ALCOHOL.

For several reasons alcohol might be grouped conveniently with chloroform and ether, there being much similarity in the action of these three medicines. Each, at first, produces much excitement, with increased strength of the pulse, this stage after a time giving way to another of unconsciousness, which may be profound; but with this general similarity there is an important difference between alcohol on the one hand and chloroform and ether on the other. With chloroform and ether the stage of excitement is brief, soon passing into that of insensibility, which may endure a long time without danger to life. But with alcohol the early stage of excitement and intoxication is of considerable duration, insensibility and unconsciousness not coming on till large quantities have been taken, and some time has passed. In this stage of insensibility the danger of death is imminent from paralysis of the heart and of the movements of respiration. It will be easily understood, therefore, that while chloroform and ether are used as anæsthetics alcohol is inadmissible for this purpose.

Alcohol, owing to its volatility, is sometimes employed to abstract heat, and cool the surface of the body, as in inflammation of the brain, &c., but it is not a very effectual refrigerator, and ice is preferable.

If its evaporation is prevented, it penetrates the skin, owing to its tolerably high diffusion-power, and excites the tissues beneath the cuticle, causing a sensation of heat and some inflammation. It may be thus employed as a counter-irritant.

It coagulates albumen, and is sometimes used to cover sores with a thin, protective, air-excluding layer, which promotes the healing process. Alcohol, in the form of brandy or eau de Cologne, is often applied to harden the skin of parts exposed to pressure, and to obviate the occurrence of bed-sores, an excellent practice, which should be adopted before the occurrence of abrasion, or even before redness.

It is a useful practice to bathe the nipple with brandy, each time after a suckling, then carefully to wash the part, and dab it dry. It is well to apply the brandy some days before delivery, so as to harden the tissues, and prevent the formation of cracked nipples, which give rise to so much pain and distress.

In virtue, probably, of its power to coagulate albumen, and perhaps of other properties, it constringes, to a small extent, the mucous membranes of the mouth, and is sometimes used, diluted with water, as an astringent gargle in relaxed throat, scurvy, salivation, &c.

In the stomach it exerts a double action. Thus it may affect both the gastric juice and the secreting mucous membrane. Its action in these respects will be considered separately. The effect of a small quantity of alcohol on the pepsine of the gastric juice is insignificant; but a large quantity precipitates the pepsine, but the addition of water redissolves it.

As with the gastric juice so with the mucous membrane, the topical effect of alcohol differs according to whether the dose is large or small. It has been experimentally proved that, taken very moderately, it increases the secretion of the gastric juice, and everyday experience confirms this fact; while undue quantities destroy the appetite, upset the stomach, inflame its mucous coats, cover it with a thick tenacious mucus, and abolish its secreting power.

Owing to this influence on the functions of the stomach alcohol is a remedial agent, as the following examples will illustrate :—

I. Some persons, after undergoing considerable fatigue, are apt to lose all appetite and digestive power, and on taking food to suffer from an undigested load on the stomach; but a glass of wine or a little brandy-and-water, taken shortly before food, will restore appetite and promote digestion.

II. In the convalescence from acute diseases, when digestion and strength may remain a long time depressed, alcoholic stimulants, taken just before or at meal times, are often serviceable.

III. Many dwellers in towns, who lead a sedentary life, and suffer often from weak digestion, find that only by the help of alcohol in some form can they properly digest their food.

IV. Stimulants are most serviceable in the prostration from acute illness, when, in common with the other functions, digestion is much depressed, at a time when it is most important to support the strength until the disease has done its worst. Strength, no doubt, is best supported by food; yet the weakened stomach can digest but sparingly; but at this critical juncture alcohol spurs the flagging digestion, and enables the patient to take and assimilate more food.

Next, the time of giving the alcoholic stimulant is a matter of great importance. It should not be given at haphazard, as is too commonly the case, but should be given with the food. To a patient labouring under great prostration, in whom digestion is very feeble, food and stimulants should be given together, in small quantities, frequently repeated; but a strong patient had better take food at the ordinary meal-times, when, from habit, the stomach digests the better.

It is necessary to insist on this point, since both doctors and patients are too apt to trust to alcohol alone, forgetting that while it benefits by stimulating the heart, it at the same time effectually aids the digestive process, and thus supports the patient in the best and most natural manner.

It has been mentioned that large quantities of alcohol excite catarrh of the stomach, but it is singular how large a quantity a patient prostrated by fever can take without producing this result. The same fact may be noticed in convalescence from exhausting diseases. Still, care must be exercised, since stimulants, if too freely given, will sometimes upset the stomach, so that the food is vomited, an untoward circumstance greatly adding to the patient's danger.

After a variable time the prolonged indulgence in alcoholic drinks seriously damages the stomach by producing chronic catarrh. The mucous membrane, coated with tenacious mucus, excites unhealthy fermentation of the food, while the structure of the membrane itself undergoes considerable alteration, through great increase of the connective tissue, which by its contraction obstructs and destroys the secreting follicles, and their lining cells. The mucous membrane thus becomes thickened, hardened, and uneven; and, owing to obliteration of the orifices of the follicles, cysts form in its substance, and these enlarge from the accumulation of cells within them. In consequence of these serious changes little gastric juice is poured out in response to the demand made by the food, while the unhealthy mucous coating of the stomach, by exciting morbid fermentations, induces the production of much gas, with various acids, as butyric, acetic, &c., whence acidity and heartburn. Morning vomiting of a scanty, sour, bitter, and tenacious fluid is a characteristic sympton of this condition.

Owing to its high diffusion-power, alcohol passes readily into the blood, so that but little can reach far into the intestines. Spirits, especially brandy, are often successfully employed after the removal of the exciting irritant, to control the after stages of acute simple diarrhœa, when the relaxed condition of the mucous membrane allows the liquid parts of the blood to pass into the intestines, producing frequent watery stools.

In the vomiting and diarrhœa of children small doses of brandy, added to food, are very useful. Brandy often induces refreshing sleep in children.

Even in large quantities alcohol appears neither to promote nor to hinder the conversion of starch into sugar.

Observations on the influence of alcohol on the blood and organs have yielded contradictory results, the most recent and elaborate investigations of Drs. Parkes and Wollowicz clashing in most particulars with those of previous experimenters. Hitherto it was held that alcohol diminishes the oxidation of the body, but Parkes and

Wollowicz's observations are opposed to this conclusion. Dr. G. Harley found that alcohol in small quantities added to blood withdrawn from the body lessened its absorption of oxygen and its elimination of carbonic acid.

As the result of a great many observations taken in conjunction with Dr. Rickards, every quarter of an hour, for several hours on persons of all ages, we found that alcohol, brandy, and wine, diminish the body temperature. After moderate doses the fall was slight, amounting to not more than 0·4° to 0·6° Fah., but after poisonous doses the depression in one instance reached nearly three degrees: in rabbits the fall was much greater, reaching to ten or more degrees. These observations have been confirmed by Professor Binz, of Bonn, and by Dr. Richardson, who asserts that all alcohols reduce the animal temperature. Drs. Parkes and Wollowicz, whose observations are opposed to the foregoing, gave to a healthy young man, in divided quantities, for six days, a daily amount of absolute alcohol, varying from one to eight ounces, and, on a subsequent occasion, twelve ounces of brandy daily for three days, observing meanwhile the temperature of the body every two hours. The average temperature of the alcohol and of the brandy-drinking days was found to be almost identical with that on days when only water was taken. These conflicting results it is difficult to reconcile; but it must be granted that a considerable quantity of alcohol, repeated several times a day, does not permanently reduce the body temperature. Dr. Parkes has recently re-investigated this question, and he finds that dietetic doses (two fluid ounces of absolute alcohol) given to a healthy fasting man at rest often reduces the rectal temperature rather less than half a degree; but when the alcohol is given with food, even in doses of four to eight ounces of absolute alcohol, it produces no effect on the temperature. In a boy aged ten, who had never in his life before taken alcohol in any form, I found through a large number of observations a constant and decided reduction of temperature. It is possible that alcohol given in repeated doses may soon lose its power of depressing the temperature. Excessive habitual indulgence appears to have this effect; for Dr. Rickards and I gave to an habitual drunkard, making him "dead drunk," twelve ounces of good brandy in a single dose, without the smallest reduction of the temperature.

The effect on the body temperature was formerly ascribed partly to the increased loss of heat through the skin by delatation of the blood-vessels, and in a lesser degree from diminished oxidation and lessened production of heat; but Dr. B. Lewis and Drs. Wood and Reichert find that alcohol increases both heat production and heat dissipation, but whether the increased loss leads to the increased production, or *vice versâ*, they are unable to decide. The time of greatest heat production coincides with the lowest bodily tempera-

ture; which suggests that increased loss leads to increased formation of heat. This increased production of heat proves that alcohol does not influence temperature by lessening oxidation.

In their experiments on the urine Bocker and Hammond found that "the formation of urea, of the extractives, and of sulphuric acid and phosphoric acid, was lessened by alcohol and beer, and the water and free acidity of the urine was diminished;" but in Parkes' and Wollowicz's observations, alcohol, brandy, and claret produced no decreased elimination by urine of the urea, phosphoric acid, or free acidity. They, however, increased the amount of urinary water.

Edward Smith found that brandy and gin diminish, while rum increases, the pulmonary carbonic acid. These conflicting statements it is impossible to reconcile; but Parkes' observations were so carefully conducted, and are so complete, that they must be accepted as authoritative.

How much alcohol is consumed in the body? The results of investigations to determine this point are so contradictory that it is impossible to decide the value of alcohol as a food. Bouchardat, Sandras, and Duchek conclude that alcohol is freely consumed in the body, little escaping by the urine, unless very large quantities are taken. On the other hand, Perrin, Duroy, and Lallemand deny that alcohol is consumed in the smallest degree in the body. Anstie concludes from careful experiments that the greater part of the alcohol is consumed, and he has undoubtedly proved that only a little escapes with the urine, while Parkes and Wollowicz believe that a considerable quantity escapes with the sweat and breath. Dupré's recent observations confirm those of Anstie, proving that only a fractional part of alcohol escapes from the body; and Anstie believes that this never occurs except with a narcotic dose, which varies in different persons.

Even if the greater part of alcohol is consumed, and thus ministers to the forces peculiar to the body, yet alcohol, by depressing functional activity, favouring degeneration, etc., may do more harm than can be counterbalanced by any good it may effect by the force it sets free during its destruction; even if taken in quantities too small to do harm, yet it can scarcely be classed as an economical food for the healthy. Granted that dietetic doses check oxidation in the healthy, and thus economize the blood and tissues, still, unless it can be shown that in health there is constantly an excess of consumption over and above that required by the body, such a diminution of oxidation could only result in lessening the amount of force set free and put at the disposal of the organs, entailing, of course, a diminution of the functional activity of the body. Physiology failing to guide our steps amid these conflicting statements, it is obvious that in estimating the value of alcohol in health or disease we must rely solely on experience, which plainly shows that, for the healthy, alcohol is not a

necessary nor even a useful article of diet. Varied, repeated, and prolonged experience, and the testimony of army medical men, prove that troops endure fatigue and the extremes of climate better if alcohol is altogether abstained from. The experience of the celebrated Moscow campaign showed this; so also, a few years ago, the Red River expedition. During arduous marches it has always been found that, without alcohol, the health of the men is exceptionally good, but as soon as spirits are allowed disease breaks out. Modern trainers recognize the fact that the power of sustained exertion and resistance to fatigue is best promoted by abstaining from alcohol, and the ill-health of many athletes depends, not on the rigour of the training, but on the excesses they indulge in after the contest.

There can be no doubt that healthy persons, capable of the fullest amount of mental and physical exertion without the stimulus of alcohol, not only do not require it, but are far better without it.

It must be recollected, however, that these remarks apply to pure alcoholic drinks, as spirits, and not to beers and wines, which contain ingredients useful as food. The amount of alcohol in the lighter beers and wines is small, and can hardly be prejudicial to the robust, while they seem to brace up and sustain the flagging functions of the weakly, as town-dwellers, especially those who pass much of their time indoors, in an unhealthy atmosphere. Some, indeed, cannot properly digest food without a stimulant.

Dr. Anstie highly extolled alcoholic stimulants in the debility of old age, especially in the "condition of sleeplessness, attended often with slow and ineffectual digestion and a tendency to stomach cramps." He employs "a generous and potent wine," containing much ether.

Alcoholic drinks, especially those containing a large quantity of volatile ether, often relieve the pain of neuralgia, the alcohol removing the temporary nervous depression which produces the paroxysm; alcohol for a time relieves the distressing symptoms occurring in so-called hysteria, generally met with in middle-aged women; but, as the stimulant after a time must be taken in increasing quantities, there is great danger lest the patient should acquire the habit of taking alcohol to excess. Nervous or neuralgic patients are often prone to imbibe alcohol in excess, and thus many women become confirmed tipplers. It behoves the doctor, then, to be very guarded and precise in prescribing alcoholic stimulants.

Whatever doubt may exist concerning the usefulness of alcohol in moderate quantities there can be no question of its pernicious and poisonous effects when taken in excess. It then injures and degenerates the tissues of all parts of the body, and produces premature old age, for it produces increase of the connective tissue (fibrosis) and

fatty degeneration of parenchymatous tissues (steatosis). The lungs become prone to emphysema; there is diminution of both physical and mental vigour; the kidneys, liver, and stomach may become cirrhosed. Even in a state of so-called health, when the effects of hard-drinking are not very apparent, they become at once evident on the occurrence of illness or accident, when the constitution manifests its undermined condition and its diminished power to resist disease. Thus drunkards succumb to accident or illness which temperate men easily pass through.

Delirium tremens may arise in different ways; sometimes through a single debauch, but commonly it attacks those who habitually take an excessive quantity of wine or spirits, without perhaps ever getting drunk. In an attack rising from an exceptional debauch it is merely necessary to withhold spirituous drinks for a time, to allow the system to get rid of the alcohol. On the other hand, delirium tremens is often excited in habitual topers by altogether withholding intoxicating drinks, so that in treating these chronic drinkers a moderate quantity of some alcoholic drink for a time must generally be allowed. It is right, however, to add that many excellent observers contend that it is wiser to cut off alcohol altogether, maintaining that the symptoms are due to the paralysing action of alcohol on the nerve centres.

The influence of alcohol on the heart is most noteworthy. It strengthens the contractions of the heart, especially when this organ is weakened by debilitating diseases, which are always attended by a quickened and weakened pulse. In health, alcohol dilates the arterioles and makes the pulse larger and softer; in disease, or when from other causes the arterioles are relaxed, it contracts them, rendering the pulse smaller, slower, less frequent, and more resistant; alcohol strengthens the pulse, and reduces its frequency, and must be considered one of the most powerful cardiac tonics. This tonic property, combined with its influence in promoting digestion by increasing the gastric juice, explains the great usefulness of alcoholic beverages in debilitating chronic and acute diseases.

In most diseases accompanied by weakness or prostration alcohol in one or other form often proves a valuable remedy. It is of conspicuous service in acute diseases running a limited and definite course, in the treatment of which the cardinal point is to sustain the vital force beyond the critical stage.

Brandy or wine are the best remedies when the heart is suddenly enfeebled, from fright, loss of blood, accidents, or other causes.*

Great as are the beneficial effects of alcohol in disease, yet it may

* In threatened fainting it is a good plan to direct the patient, whilst sitting down, to lean forward and place the head between the legs as low down as possible, so that the blood may gravitate to the brain.

do harm as well as good. Certain precautions must therefore be observed, and its effects on the functions must be carefully watched. Although the heart affords the most trustworthy information on this point, yet the influence of alcohol on the other organs must not be overlooked, as it may happen that while alcohol may benefit one part of the system it may injure another, doing good in one respect, yet on the whole inflicting more harm.

The following rules regarding the use of stimulants in fever were laid down by Dr. Armstrong, endorsed by Dr. Graves, and will receive the assent of all practical men:—

1. If the tongue become more dry and baked, alcoholic stimulants generally do harm; if it become moist, they do good.
2. If the pulse become quicker, they do harm; if it become slower, they do good.
3. If the skin become hot and parched, they do harm; if it become more comfortably moist, they do good.
4. If the breathing become more hurried, they do harm; if it become more and more tranquil, they do good.

These excellent rules might be supplemented by a fifth; alcohol does good when it produces sleep, and quells delirium. (See Opium.)

In judging of the influence of alcohol on the pulse its compressibility is of more importance than its volume. Under the action of alcohol a soft and yielding pulse of large volume often becomes much smaller and less compressible, changes indicating an increase in the tonicity of the arteries, and in the strength of the heart.

Such are the rules which must guide us in the employment of alcohol in disease, giving us data as to the quantity we should administer, and whether we should continue, increase, or withhold it.

There are other circumstances which we must carefully regard in respect to the employment of alcoholic drinks. At the two extremes of age, the powers of the body being easily depressed, stimulants are accordingly called for early, and must be freely used. In the aged, especially, it is of great importance to anticipate prostration by the early employment of alcohol; for it is very difficult to overcome this condition. Young children prostrate from disease take stimulants with benefit, even in large quantities. Next, the knowledge of the course a disease ordinarily runs gives us timely indications in respect of this question. In some acute diseases, as typhus, in which the depression is often very marked, especially at the extremes of life, timulants should be employed early.

Alcohol is sometimes given to fever patients in very large quantities. It is given to reduce fever, and to check waste. In fevers, no doubt, there is greatly increased destruction, certainly of the nitro-

genous tissues, shown by the large quantity of urea eliminated by the urine; at the same time, all the functions of the body are much depressed, and can appropriate less of the force set free by oxidation than in health. From these two causes, and partly likewise from diminution of perspiration, so that the heat fails to pass off duly by the skin, preternatural temperature of the body occurs in fevers. Alcohol in large doses, it is maintained, lessens oxidation and prevents waste, and thereby lowers the temperature of the body, and diminishes the amount of urea in the urine; but to effect this very large doses must be given—doses which, in some cases at least, I should imagine might do harm in other ways; hence the influence on the pulse, respiration, etc., according to the rules just laid down, must be very carefully watched.

Several years ago I made a large number of observations concerning the influence of alcohol on the temperature of fever, and found that as in health, so in fevers, alcohol slightly reduces the temperature; but its efficacy in this respect is so insignificant, and doses so enormous must be taken to produce even trifling results, that it is useless to give alcohol solely with this intention.

In my judgment, there can be no doubt that alcohol is not required in all febrile diseases; on the contrary, many cases are best treated without it. Children and young persons previously healthy rarely require it, and in no instance should it be given unless special indications arise. The enormous quantities of alcohol which used to be given a short time ago, and are indeed now sometimes administered, are, I believe, rarely needed, although very large doses are occasionally needed, and are undoubtedly the means of saving life.

The kind of alcoholic stimulant employed is perhaps not a matter of great importance, provided its quality is good. It is undesirable to give several kinds of stimulants at about the same time, or they may derange the stomach; but they may be changed from time to time according to the patient's desire. Anstie recommends strong alcoholic drinks in fevers, as brandy, in the earlier and middle stages; but when the heart flags, and the nervous system becomes weakened, he prefers wines containing plenty of compound ethers. Stimulants should not be given in large quantities to weakly persons at distant intervals of the day; it is far better to give them in small and frequent doses. A large dose at one time strongly stimulates the heart; then, as the alcohol is decomposed or eliminated, the heart is left unsustained, when great weakness may set in; whereas, the frequent administration of smaller quantities keeps the heart more uniformly supported.

Some easily digested food in small quantities should be given with the stimulant, which, by promoting digestion, supports the patient's strength in the most natural and most effectual way. As a rule, when food is freely taken and digested, stimulants are little needed.

Weakly children derive more benefit by taking stimulants about an hour before, rather than with food, which plan enables them to take more food, and to digest it better, than the more common one of giving the stimulant with food.

In common with ether and chloroform alcohol is an antispasmodic, but in this respect ether and chloroform are more effective.

It does sometimes happen that one alcoholic stimulant is harmful, while another is found useful; a fact especially noticeable in coughs, which are aggravated by porter or beer, but are unaffected or even relieved by brandy or wine. Beer or stout sometimes produces sleepiness, heaviness, even headache, and flushing of the face, while the same person can take wine or brandy without inconvenience. Individual peculiarities abound in respect of wines; for example, one person cannot take sherry without suffering from acidity, while another, on taking port, is seized with gouty pains.

The wish of the patient for any particular form of stimulant is often a correct indication of its desirability. A free draught of the weaker beers will often gratefully slake the urgent thirst of fever.

Stout is supporting and nourishing to persons brought low by exhausting discharges, and to women weakened by suckling, though in many cases unfortunately it disagrees, producing headache and sleepiness. The good old-fashioned remedy, rum or brandy and milk taken before breakfast, is useful in phthisis and in exhausting diseases. A little rum and milk an hour before rising is a good prop to town-living women, to whom dressing is a great fatigue, who, without appetite for breakfast, suffer from morning languor and exhaustion, often lasting till mid-day, and to convalescents from acute diseases.

The ill-effects of alcohol in gonorrhœa are well known. A cure is much more readily effected if the patient will abstain altogether from alcoholic beverages. Even when the cure seems near completion a single indulgence in spirits, wine or beer, will bring back the scalding and discharge.

In some persons, alcohol, unless in a very dilute form, and in very moderate doses, quickly affects piles. Beer, champagne, port, strong claret, even in a few minutes cause burning pain and aching in the rectum, lasting for hours. With some persons coffee or pepper act in the same rapid way.

CHLOROFORM.

Chloroform, when applied to the surface of the body, speedily volatilizes and cools the skin; but it is seldom used as a refrigerator, being in this respect inferior to other agents.

Owing to its high diffusion-power chloroform readily penetrates the animal textures. If evaporation is prevented, it penetrates the cuticle and excites inflammation, and thus becomes a rubefacient.

In quantity insufficient to excite inflammation chloroform deadens sensation, and acts as a local anæsthetic. It is sometimes applied to relieve pain, and occasionally with good effect, although it often fails, and is inferior for this purpose to many other external applications. It has been used in neuralgias, sometimes effectively, but it generally fails, and even when successful, the relief is ordinarily very temporary, the pain soon returning.

In faceache or toothache two or three drops on a small piece of cotton-wool, introduced into the ear, give occasionally complete and permanent relief; but if too large a quantity is used it will excite inflammation, even vesication, and give much annoyance. The pain of cancer, when the skin is broken, leaving a painful, irritable sore, is relieved by playing vapour of chloroform on the raw surface, and often the immunity from pain lasts several hours; a like proceeding relieves the pain of cancer of the uterus, of ulceration of the os uteri, of neuralgia of the uterus, and, in a less degree, the annoyance of pruritus pudendi. The vapour must be made to play on the os uteri for some minutes. I think that chloroform vapour might be useful in cancer of the rectum, spasms of the intestines, &c., recollecting, however, that chloroform is easily absorbed by the large intestine.

According to Sir J. Simpson, a few drops of chloroform whilst evaporating from the palm of the hand held close to a photophobic eye will enable it to bear the light without pain.

Dr. Churchill lessens the violence of the paroxysms of whooping-cough by the simple plan of directing the nurse to pour about half a drachm of ether or chloroform over her hand, and to hold it before the child's mouth. The child at first dislikes this treatment, but soon appreciating its benefit, will run to the nurse on the first warning of an attack.

An ointment, composed of half a drachm of chloroform to an ounce of lard, will often allay the itching of urticaria, lichen, and true prurigo, but, like most other ointments, it loses its effect in a short time; hence anti-itching applications require to be changed from time to time.

Dr. Augustus Waller has shown that chloroform promotes to a considerable extent the cutaneous absorption of many substances. The absorption of watery or alcoholic solutions is far less rapid. The chloroformic solutions of aconite, atropia, strychnia, or opium, applied to the skin, speedily destroy an animal, with the characteristic toxic symptoms of the alkaloid employed. He ascribes this action of chloroform to its property of passing rapidly through animal textures, carrying with it the dissolved alkaloid. The addition of a certain amount of alcohol to the chloroformic solution does not hinder the absorption of the alkaloid—indeed, it appears to hasten it; for when an equal quantity of alcohol is added to the chloroformic solution the absorption is more rapid than when simple chloroform is used. This property chloroform, either alone or mixed with alcohol, should be borne in mind in employing alkaloids as external applications.

Chloroform produces in the mouth a sensation of warmth, and if undiluted excites inflammation. Being a stimulant to the mucous membrane it excites a flow of saliva. A few drops on cotton-wool inserted into the hollow of a decayed aching tooth often gives permanent relief, but when the anæsthetic effect has passed away the pain is sometimes aggravated, the choloroform having irritated the inflamed pulp. It is a good plan to fold over the hollow tooth a piece of linen moistened with chloroform, so that the vapour may remove the pain. Equal parts of chloroform and opium, or of chloroform and creasote, constitutes a useful application in toothache.

Chloroform excites a sensation of warmth in the stomach, but in large doses it induces nausea and vomiting. One to three drop doses of pure chloroform are beneficial in flatulent distensions of the stomach, sea-sickness, and other vomitings.

Its high diffusion-power enables it to pass rapidly into the blood, little, if any, finding its way into the intestines. The physical and chemical changes produced in the blood by its admixture with chloroform are at present unknown.

When given in medicinal doses to a healthy person it produces very little change, either in the frequency or strength of the heart's contractions, though when inhaled, judging by the hæmadynammeter, it is said at the very first slightly to increase their force. In disease, on the other hand, when the heart beats feebly, especially if due to some sudden and transient cause, chloroform certainly strengthens the heart's contractions, so relieving such symptoms as syncope, etc.; but it is in no way preferable to a dose of brandy-and-water or wine. It no doubt acts more quickly and evanescently than alcohol, and its cardiac effect certainly declines more speedily than that of alcohol. It is frequently administered to hysterical patients and others suffering from weakness, depression of spirits, nervous-

ness, etc. Like all stimulants, if habitually ingested, it soon loses its effect, and this especially happens with chloroform and ether, so that from time to time the dose requires to be increased, and even then these drugs soon lose their efficacy.

In diarrhœa, after the removal of the exciting irritant, spirit of chloroform may be given with much benefit, combined with astringents and opium. It is useful in intestinal and summer colic, from whatever cause arising, and in renal and biliary colic, in hiccup, hysteria, and asthma, both primary and secondary; and from the relief it gives in these affections it is ranked among antispasmodics. In the treatment of any of the foregoing diseases it is usually combined with opium, and this combination succeeds admirably. No doubt much of the effect is due to the opium, its action, however, being increased and sustained by the chloroform. Its mode of action is at present unknown. Possibly, by restoring the weakened muscular or nervous system to its natural physical condition, it controls inordinate muscular action and removes pain, thus becoming a true stimulant.

Chloroform, combined with small doses of morphia, or opium, given with a drachm of glycerine, honey, sugar-and-water, syrup of lemons, syrup of Virginian prune, or treacle-and-water, is often conspicuously beneficial in certain coughs. It is useful when the cough is paroxysmal and violent—violent out of proportion to the amount of expectoration; when, indeed, there appears to be much excitability or irritability in the respiratory organs, and when a slight irritation induces a distressing fit of coughing. In such circumstances the chloroform is of more service than the opium, and should be given in a full, while the opium should be given in a very small, dose. This combination allays the cough in the fibroid form of phthisis, so frequently paroxysmal, wearing, and exhausting. In this form of lung disease there is often such extensive induration, with thickening of the pleura, as to prevent any expansion of the lung, and consequently of the chest walls, so that little or no air enters the consolidated part of the lung, and no expulsive force can be brought to bear on the mucus. Here our attention should be given to check the abundant secretion, to lessen its tenacity, and so facilitate its expulsion.

Cough, very often indeed, arises from a morbid condition of throat; and even when due solely to lung disease, the application of the mixture just recommended, to the throat and parts about the glottis, is often beneficial, in accordance with a general fact that remedies applied to the orifices communicating with certain organs, as the nipple, rectum, and throat, will by nervous communication act on the organs themselves. For example, many coughs are allayed much more efficiently if the opium and chloroform mixture is swallowed slowly, and so kept in contact with the fauces as long as possible.

Being highly volatile, much chloroform passes off by the lungs, and its odour can be detected in the breath; some, probably for the same reason, escapes by the skin, and some probably by the urine. In its passage from the lungs it is unlikely in any way to influence the mucous membrane of the bronchial tubes, the quantity separated being very small; and even during and after the inhalation of chloroform we do not observe that it modifies in any way the secretion of this membrane. Its influence, if any, on the kidneys and the urine is at present unknown.

Harley's observations on the action of chloroform on the respiratory function of the blood tend to show that it lessens the oxidation of the blood, and diminishes the evolution of carbonic acid; but to establish this point we think further experiments are needed.

We will now give a succinct and practical account of the administration of chloroform as an anæsthetic. It is needless to dwell upon the signal and beneficent service this agent has in this respect rendered to mankind.

Chloroform at first very often causes a sensation of tingling and heat in the lips and nose, and these parts, if accidentally moistened with it, may become inflamed, even to blistering, an accident which can always be prevented with care, particularly if the nose and lips are first smeared with glycerine or cold cream, or some protecting substance.

The early sensations experienced vary much in different persons, being sometimes so agreeable as to tempt to the inhalation of this substance merely for the sake of inducing them; but in the majority the sensations are more or less disagreeable, often intensely so.

At first there is a sensation of warmth at the pit of the stomach, spreading to the extremities, and accompanied by some excitement; then some or all of the following symptoms soon set in. Noises in the ears, lights before the eyes, heavy weight and oppression of the chest, great beating of the heart, throbbing of the large vessels, and a choking sensation. These symptoms betoken no danger, and need excite no apprehension. At the very commencement of the administration some cough is not unfrequently excited, or even a passing spasm of the glottis, sure signs that the vapour is administered in too concentrated a form, and that more air must be mixed with it, by opening the valve in Clover's apparatus, or by removing the lint farther from the nose and mouth.

At this early stage, women, by becoming hysterical, may give some trouble and alarm. They laugh, sob, or cry; their breathing is often extremely irregular and hurried—a condition which frightens the friends, and inexperienced chloroformers; but this state is to be accepted as an indication to continue, not to withhold, it; for this condition soon subsides as the patient passes more deeply under the power of the anæsthetic.

The pulse, at first quick, and it may be weak, if not due to the patient's illness, is the effect of nervousness and anxiety; and as soon, therefore, as unconsciousness sets in, the pulse falls in frequency, and gains in force.

A few seconds from the commencement of the administration all discomfort ceases, the patient becomes quiet, breathes calmly, and feels brave. The consciousness is now more or less affected; questions are still heard, but are slowly answered, and not to the purpose. The induction of this medium stage is adequate for confinement, and for the relief of renal colic.

All knowledge of the external world soon becomes lost, and is followed by a period of excitement. Various incoherent ideas occupy the mind; some persons struggle, attempt to get up, and, when restrained, often show much irritation. The stage of complete unconsciousness required for capital operations is now fast approaching. Violent tonic contraction of the muscles of the body often occurs before complete unconsciousness and perfectly muscular relaxation set in. The extremities become rigid, the muscles of the chest are firmly fixed, and the respiration thus becoming impeded, causes, in combination with the general violent muscular contraction, duskiness or lividity of the face. The eyes are injected or prominent, the lips blue, the jugulars stand out like large black cords, the mouth is clenched, and a profuse perspiration breaks out on the body, especially about the face. In a few seconds all these symptoms pass away. They may be accepted as a sure indication of the immediate approach of utter insensibility, and complete flaccidity of the muscles, and as a warning that the administration must be conducted with increased caution, or the patient will suddenly pass into a state of danger, with noisy, stertorous, quick, shallow breathing, and quick, weak pulse. These violent muscular contractions, which greatly distort the face, and frighten the patient's friends, rarely occur in women or children, or in men weakened by exhausting illness; and it is a condition more frequently seen when the chloroform is administered too abundantly, and the patient brought too quickly under its influence.

As these movements cease, the muscles become flaccid, and the stage of perfect insensibility is reached. Reflex action is lost, for whilst previously the brain is chiefly affected, now the spinal cord becomes paralyzed; the conjunctiva can be touched without producing winking. The limbs, when raised and let go, fall heavily. The breathing is calm, but a little superficial; the pulse is not much altered, but it may be a little more compressible. The face is moist with perspiration. The pupil is much contracted. This condition may be maintained with due precaution for a considerable time; but if now the chloroform is continued in undiminished quantity the breathing becomes noisy and stertorous; the pupil greatly dilates;

the pulse loses its strength; the breathing becomes more and more shallow, and less and less frequent, till both pulse and respiration stop, for the respiratory centre has become paralyzed. Even now artificial respiration will often restore the breathing, bring back the pulse beats at the wrist, and restore the patient from the jaws of death. On several occasions, while administering chloroform, I have witnessed recovery from this critical condition.

On the other hand, it appears that sometimes, without warning, while the pulse is beating well and the breathing is deep and quiet, the heart suddenly stops, and respiration immediately ceases. This form of death arises probably from cardiac syncope, while the other form of death is probably due to paralysis of the respiratory muscles from the effect of the chloroform on the respiratory centres. (See Belladonna.)

Chloroform insensibility may with care be maintained for hours, and even days.

In administering chloroform the attention should be directed to the state of the pulse, the breathing, the conjunctiva, and the pupil.

The pulse usually retains throughout its frequency and force. Should it become quick and weak, or irregular, then the inhalation must be withheld, unless the frequency of the beats can be accounted for by the patient's struggles. The breathing often affords an earlier sign of danger than the state of the pulse. If the respiration becomes very shallow, and gradually less frequent, the chloroform should be suspended for a time.

The state of the conjunctiva and pupil afford the surest signs of safety, and the earliest of danger. While irritation of the conjunctiva causes reflex action, and is followed by blinking, there is usually no danger. The pupil is much contracted in the stages of insensibility when no danger is to be apprehended; but on the approach of peril from over-dose of the anæsthetic, the pupil dilates.

When, on touching the conjunctiva, reflex action is annulled, and

It is concluded that chloroform affects the pupil by first stimulating, and then paralyzing the motor oculi nerve centres, for during the contraction of the pupil stimulation of the cervical sympathetic is without effect, but when the pupil begins to dilate this stimulation increases the dilatation.*

* Dr. Buxton has kindly given me the following :—"There is a caution necessary with regard to permitting operations to be commenced before the patient is completely under the influence of the anæsthetic. Without attempting to theorise as to the cause, it is undeniably a dangerous practice, and many deaths have occurred when it has been followed. It should in every case be made a rule that no operative measures of any kind be allowed until the patient is in the stage of relaxation. It is important to be able to obtain early warning that vomiting during chloroform narcosis is about to supervene. The pupil will, as was pointed out by M. Budin, afford a clue. He found, and my experience confirms his statement, that when the patient is about to vomit the pupils commence gradually to dilate. I have often observed efforts at swallowing air are initiated at this time, and the pulse flags slightly. If now the chloroformization is discontinued, the pupils widely dilate

the limbs, when raised, fall heavily, the patient is fit to undergo any operation.

One or two circumstances require a passing notice. Vomiting is liable to happen if food has been taken a short time before the chloroform, occurring either as the patient is passing under its influence, or more commonly on the recovery from it, ceasing always when under the full effect of chloroform. Vomiting, happening after complete chloroformization, may be taken as a sign of returning consciousness; and, if the operation is uncompleted, the inhalation should at once be continued, when the vomiting will speedily cease. But, to avoid vomiting, it is advisable that the patient should take no food for three or four hours before chloroformization. At the same time too long a fast should be avoided, or its very purpose may be defeated by inducing the tendency to vomit; and fainting and much exhaustion may occur from a small loss of blood during the operation. The head should be turned aside to assist the escape of the vomited food, and to prevent choking.

It should be borne in mind that operations on the rectum and vagina, even when the patient is quite insensible, often, may generally, cause noisy catchy breathing, very much resembling stertorous breathing, often mistaken for it, and sometimes thought to indicate that too much chloroform has been administered; but this is not the case. The true state of things can generally be discriminated by a little attention to the circumstances. Thus, the noisy breathing does not occur until the rectum and vagina are manipulated, and is especially loud and noisy when the finger or an instrument is passed with any force into either orifice.

On discontinuing the administration, consciousness usually returns in a few minutes, but is sometimes delayed for a longer period. If perfect quiet is observed, its effects are often followed by sleep, which refreshes the patient, gives times for many of the disagreeable consequences of the inhalation to pass off, and allows the pain of the operation to subside.

Experiment, practice, and common sense show that the danger of chloroform is in proportion to the percentage of vapour inhaled in the air. The importance of ascertaining the minimum quantity sufficient to bring the patient speedily and safely to a state of insensibility is apparent. Mr. Clover had shown this to be in the proportion of 4 to 5 per cent. of chloroform vapour. With this

vomiting occurs, and the patient regains consciousness rapidly. But, on the other hand, if the chloroformist, aware of the import of these signs, pushes the chloroform, the pupils regain the contraction which is normal to the state of relaxation, and vomiting is obviated, while the pulse recovers its force. The gradual dilatation spoken of above must not be confounded with the sudden mydriasis which betokens grave danger. In this last case, stertor, shallow breathing and marked lessening of the pulse-force also occur, together with cyanosis."

percentage insensibility can be produced in about five minutes, with the minimum of danger. In animals killed by the inhalation of this proportion of chloroform the heart will continue to beat long after respiration has stopped. At the beginning Mr. Clover administers about 2 per cent. vapour, and as the patient becomes accustomed to its action the quantity is increased till 5 per cent. is reached.

When any serious symptoms arise, and danger is apprehended, the chloroform administration should, of course, be discontinued, and artificial respiration, after Sylvester's method, practised instantly and assiduously, whether the breathing has ceased or is growing slower and shallower. Where the breathing has been extinguished in a gradual manner, the patient, provided artificial respiration is instantly adopted, in a few seconds in most instances, fetches a deep gasp, which is soon repeated, and presently the breathing grows more frequent, till it becomes natural, and he is saved. When the chest has ceased to move, the pulse to beat, and when the patient presents all the appearances of death, even at this crisis life may generally be restored. Little is to be hoped, however, from artificial respiration in those cases when the breathing and pulse both cease immediately without any warning. Besides the use of artificial respiration, cold water should be dashed over the face and chest, air should be freely admitted, and all hindrance to breathing removed; indeed, everything hampering to the breathing, as stays, or a tight dress, should be removed before the administration of chloroform. The most serious impediment to the breathing, sufficient to endanger life, may be caused by the patient lying prone for the convenience of the operator. Several times I have witnessed cases of imminent danger from this cause. When this position must be assumed, the most anxious care must be paid to the state of breathing; for this prone posture is itself quite adequate to arrest feeble breathing, which without this impediment would go on safely.

It is a question of importance, whether galvanism should be used in danger from chloroform. The Committee appointed by the Medical and Chirurgical Society are of opinion that this agent is useful, but that it is far inferior to artificial respiration; but some authorities are wholly opposed to its use, on the score of its influence to arrest a very feebly acting heart, and so diminishing any slight remaining hope of recovery. It is advised to apply it to the phrenic nerve to stimulate the diaphragm to action, and thus maintain breathing till the chloroform shall have had time to evaporate from the blood, and the system become free from the drug. But artificial respiration is a more potent agent to excite the respiratory functions.

It has been proved that a certain percentage of chloroform, amply sufficient speedily to produce complete unconsciousness, can be inhaled with safety for an almost indefinite time. It is, therefore, obvious, that the method required should enable us to give this

percentage with certainty throughout the most protracted operation, so that the proportion compatible with safety shall never be exceeded. The contrivance which best fulfils this condition is the ingenious apparatus of Mr. Clover. Its advantages are so great as to out-balance fully the slight inconvenience connected with its use. If this apparatus is not at hand, we may adopt the use of a simple piece of lint and a towel, or Dr. Simpson's method, or Skinner's cone.

Are there any conditions of age or health which forbid the use of chloroform as an anæsthetic? Provided due care is observed, I think it may be given to all persons irrespective of their condition, having myself given it, without any threatening symptoms, in serious heart disease, in every stage of phthisis, in Bright's disease, cancer, chronic bronchitis, to patients almost dead of exhaustion from loss of blood, to children of a few weeks, and to persons close upon a hundred years old. No doubt a dilated or a fatty heart adds to a patient's risk, and enforces on the operator more care and anxiety, and the two extremes of age are conditions which exact close watching whilst giving chloroform.

Inhalation of chloroform is borne better by the weak, those depressed by illness, by women and children, than by healthy, robust men.

As might be expected from the similarity between alcohol and chloroform, we find that persons who take alcohol to excess require more chloroform than the temperate to induce unconsciousness.

Chloroform inhalation is now frequently used with much advantage during delivery; it eases the uterine pains without increasing the danger to mother or child. It is not necessary to obtain complete unconsciousness, but to give only sufficient chloroform to dull the pains. If this recommendation is disregarded, and the anæsthetic is pushed to the stage of complete unconsciousness, it weakens the contraction of the womb and retards delivery. It is true that even if only slight unconsciousness is produced, the uterine contractions are probably somewhat weakened, but accoucheurs maintain that this disadvantage is more than compensated by the relaxation of the parts, and the abatement of spasms. Dr. Playfair, who thinks chloroform inhalation is too indiscriminately used, says he has often observed the pains alter, and become less effectual after chloroformization, and when it is prolonged he thinks it favours *post-partum* hæmorrhage. (See Chloral.)

In dental operations the patient incurs some additional risk of syncope, owing to his sitting posture. Chloroform should be avoided in dentistry; indeed, it is now superseded by nitrous oxide.

Chloroform inhalation may be used with signal benefit in renal and biliary colic. In my experience it is inferior only to morphia injection, and is very far superior to opium, warm baths, and the ordinary

treatment in vogue. It removes the severe pain before unconsciousness is reached; indeed, it is never necessary to carry the administration of chloroform very far. The pain often speedily returns, but may be quelled again; and after two, or at most three, administrations. it is often permanently removed.

Chloroform inhalation in the treatment of chorea is sometimes very valuable. It is applicable especially to those serious cases in which violent and constant movements prevent sleep, and even the swallowing of food, so that speedy exhaustion and death are to be apprehended. Chloroform in such cases often induces refreshing sleep; indeed, the sufferer passes from the insensibility of chloroform into that of natural sleep, and after perhaps some hours wakes up soothed, refreshed, and with a marked abatement in the movements. So great sometimes is this improvement, that patients, who before the chloroform could scarcely be restrained in bed, after waking, sit up troubled with only slight involuntary movement, and eat and swallow with ease. Soon, however, the movements return, when the inhalation must be repeated. At first it should be administered three times a day, then, proportioned to the improvement, twice, and after a time once a day. This treatment, it is stated, will cure the disease, on an average, in twenty-eight days. (See Chloral.) In delirium tremens, when the usual means fail to induce sleep, it has been advised to produce unconsciousness by chloroform inhalation.

Chloroform inhalation will arrest convulsive fits, especially in children, sometimes permanently. Chloroform inhalation is of great service in puerperal convulsions. It is necessary in some cases to maintain unconsciousness for hours, or even days, allowing the patient to wake every three or four hours to take food.

In the reduction of hernia its use is obvious. It may be used to assist the diagnosis of abdominal tumours, when deep-seated, and when the walls of the belly are hard and rigid. It is useful also in determining the nature of phantom tumours, which disappear entirely when the patient is made insensible by chloroform.

Chloroform inhalation gives relief in neuralgia, sciatica, colic of the intestines, if the pain is very severe, in distressing dyspnœa, whether this is due to asthma, aneurism, &c. Mr. Gascoin reports a case of bronchitic asthma much benefited by rubbing the chest for an hour daily with liniment of chloroform. He attributes the success to the friction, and refers to a Widow Pau, who has obtained a reputation in Paris by using friction in cases of asthma. The inhalation of a few whiffs in asthma, without producing unconsciousness, sometimes affords relief; and should the paroxysm return, on the effect of the chloroform passing away, the inhalation may be repeated. A small quantity of chloroform given in this way often suffices to avert an attack, though in most cases the effects are only transient, the paroxysm returning as the influence of the drug wears off. Eight or

ten drops on a lump of sugar is also useful in a paroxysm of asthma, and, indeed, in other spasmodic diseases.

Dr. Bartholow finds injection of five to fifteen minims of chloroform into the neighbourhood of a neuralgic nerve very useful, and has sometimes a permanently good effect. He finds spirits of chloroform, ether, or alcohol, likewise beneficial. It must not be forgotten that the injection of chloroform is sometimes followed by troublesome ulceration.

Dr. Buckler recommends 5 to 60 drops of chloroform by the stomach in biliary colic, repeated every four to six hours. It is said to dissolve the calculus, but it takes several hours' immersion in chloroform to dissolve even a small calculus. The treatment, however, is undoubtedly useful. I have frequently administered five, ten, to twenty drops on a piece of sugar every quarter of an hour with great relief to the pain. The same treatment, or half a drachm to a drachm of ether every half hour, is very useful in persistent hiccup, a paroxysm of asthma, and other spasmodic diseases.

It has been highly recommended in drachm doses, for tape-worm, taken in the morning fasting, after a light supper the previous evening. I presume few will treat tape-worm in this way, and the recommendation is chiefly interesting as indicating that such large doses may be taken without risk, at least by many persons. Dr. Davidson Scott says he has given a drachm dose in "more than 500 cases." He uses it as a hypnotic, this dose inducing about two hours' sleep. He has "frequently" given undiluted chloroform in teaspoonful doses to children two and three years of age, and in one instance, a case of puerperal convulsions, he gave undiluted a tablespoonful of chloroform, which arrested the convulsions and induced quiet sleep.

Insomnia, tremulousness, and inability to fix the attention, are, it is said, apt to follow the repeated use of chloroform inhalation.

In some experiments with Roy's tonometer, in which I used the entire ventricle, and the lower two-thirds of the ventricle, I find that chloroform, ethidene dichloride, and bromide of ethyl, by their action on its muscular substance, will paralyze the ventricles.

I find that chloroform and ethidene dichloride are about equally poisonous to the heart's substance. These experiments show, too, that chloroform, and ethidene dichloride are far more poisonous than ether; indeed, it requires about 80 to 100 minims of ether to arrest the ventricle, whilst one or two minims of chloroform is sufficient. I also find that ammonia and chloroform, ammonia and ether, ammonia and bromide ethyl, and ammonia and iodoform are mutually antagonistic. After the ventricle is arrested, or almost arrested, by chloroform, ethidene dichloride, ether, or iodoform, the addition of a small quantity of a solution of caustic ammonia will restore and strengthen the pulsations.

ETHER.

The physiological action and therapeutic use of ether and chloroform are, for the most part, identical.

As a local anæsthetic in neuralgia, toothache, &c., ether is less frequently used than chloroform.

In the form of spray, after the method introduced by Dr. Richardson, ether is employed temporarily to abolish sensation of the skin; the rapid evaporation of the ether, and consequent abstraction of heat, freeze the tissues and annul sensation. Ether spray is frequently used in minor operations, as the opening of abscesses, the removal of small tumours, &c. It has been successfully employed in amputation of the leg, and in ovariotomy, but it is not generally available in operations so serious and prolonged. The skin or mucous membrane when sufficiently frozen to permit of a painless operation, becomes pale, shrunken, tallowy-looking, and feels as if oppressed with a great weight. Whilst recovering the natural condition the frozen tissues tingle and smart, sometimes so intensely as to exceed the pain of operation. The obvious advantage of ether spray over chloroform inhalation is its perfect safety.

Freezing the skin with ether spray sometimes removes sciatica or neuralgia permanently, but the relief generally is but temporary.*

Ether spray applied to the spine, at first every two hours, and then less frequently, is said to be useful in tetanus, and applied night and morning, it is highly commended in chorea.

Ether has a sweetish, hot, pungent taste, and induces a sensation of warmth in the stomach. Like chloroform it may be taken in full doses to relieve biliary or intestinal colic. It increases the secretion from the stomach, intestines and pancreas, and stimulating the muscular coat it expels wind.

After its absorption it stimulates the heart, and is hence employed in syncope and in prostration in fevers, but as it is rapidly eliminated chiefly by the lungs, its effects are transient, not exceeding generally an hour.

Full doses of ether often act as soporifics, and are very useful in

* Dr. Debove employs methyl chloride condensed by pressure, to congeal the skin in neuralgia, especially in sciatica, and claims to generally cure the patient after one or two applications. He congeals the skin over the area of pain, in some instances from the trochanter to the malleolus. This application freezes the skin much more readily than ether, but requires a special apparatus. He says it causes but little pain and no inflammation or risk of sloughing. I have employed this application in a few cases and with some success, but certainly with less than Dr. Debove's account led me to expect. Moreover, the application in all my cases induced considerable and somewhat enduring pain.

angina pectoris, sometimes giving even more prompt and permanent relief than nitrite of amyl. It is useful, too, in asthma.

It is sometimes employed hypodermically in heart failure from hæmorrhage or from general diseases and adynamic pneumonia &c. Fifteen to thirty minims are injected three or four times a day. The injection excites burning pain with some swelling, which subsides generally in an hour or two, but sometimes it excites suppuration. It is also employed in sciatica, being injected in the neighbourhood of the painful nerve. I have employed it in many cases of heart failure from various causes, with very little, and often without any, benefit.

Ether is largely used as an inhalation to induce anæsthesia, and is generally preferred in most cases to chloroform, for ether has much less effect in depressing the heart and paralyzing the vaso-motor centre than chloroform. Like chloroform and alcohol it affects first the cerebral hemispheres, causing delirium and unconsciousness, and next paralyzes the spinal cord, affecting last the cardiac and vaso-motor centres.

It must, however, be given in larger doses than chloroform. It excites the respiratory mucous membrane and may induce catarrh. It also greatly increases the secretion of saliva and mucus.

Dr. H. A. Hare has recently shown that prolonged etherization considerably lessens the body temperature. He has reduced the temperature from 8° to 10° Fah. and in operations he has seen a fall of 4·4° Fah. in man. Probably other anæsthetics produce the same effect. Some surgeons wrap children in cotton wool, covering not only the body, but also the extremities, before giving the anæsthetic.

IODOFORM.

Iodoform is used as a disinfectant, an antiseptic, an anæsthetic, and internally, probably by virtue of the iodine it contains. It contains ninety-seven per cent. of iodine.

Iodoform is a healing and soothing application to spreading and sloughing sores, as bed-sores, rodent ulcers, and especially to soft chancres, and is said to prevent buboes. It is also very useful in syphilitic and scrofulous ulceration. The sore dusted over with iodoform is covered with some bland application, as glycerine spread on lint. Its action in chancrous and syphilitic ulceration is often prompt. In syphilitic sores the following formula is very useful. Iodoform, 1 part, oil of Eucalyptus, 15 parts. It has been success-

fully employed in ulceration of the nose and throat and in chronic ozæna. It relieves the pain of cancerous sores. Dr. Moleschott uses it as an ointment, 1 part in 15, for enlarged scrofulous or simply inflamed glands in orchitis. An ointment composed of iodoform, gr. 4, oil of Eucalyptus ʒ j, vaseline ℥ j, is highly recommended in eczema. When employed in uterine cancer, a bolus containing from eight to sixteen grains made up with cocoa-nut fat is inserted into an excavation produced by sloughing or ulceration. It is useful in lupus, and should be dusted several times a day on the ulcerated surface. An iodoform suppository is also useful in painful diseases of the rectum and bladder.

Dr. Munday highly recommends iodoform as an antiseptic dressing on the battle-field.

Dr. Tanturri recommends an iodoform ointment of ʒ j to ℥ j for prurigo.

Iodoform is said to relieve the pain of neuralgia and gout. A saturated solution of iodoform in chloroform is advised in neuralgia.

One would expect that iodoform, either given internally or inhaled, would act like alcohol, chloral, and chloroform, and this is true in some measure, for it produces sleep and some anæsthesia. From the large quantity of iodine it contains it also acts when applied topically and when given internally, in virtue of its iodine.

Though containing a large quantity of iodine, iodoform is not very irritating to the stomach. In large doses it produces a kind of intoxication followed by convulsions with tetanic spasms, high fever, mental depression, dilatation of the pupil, involuntary evacuations, hallucinations, sometimes sudden collapse and death. It is often employed internally in secondary and tertiary syphilis.

When topically applied it produces in some persons by absorption serious symptoms. These may be of three kinds.

1. Coated tongue, loss of appetite, sickness, even diarrhœa.

2. Rapid feeble pulse, 140 per minute, perhaps irregular, with other evidences of heart failure.

3. Delirium, active and furious, with hallucinations or melancholia, loss of memory, coma, and not uncommonly convulsions and paralysis.

These symptoms may be transient, or they may persist for weeks, or they may destroy life.

In children these symptoms rarely occur; and the aged are much more liable; debility favours their occurrence.

It has a depressing action on the heart, and when given to frogs it arrests the heart in diastole, probably by its action on the nervous ganglia.

In fatal doses it produces fatty degeneration of the liver, kidneys, heart, and voluntary muscles; acting thus like chloroform and ether.

Ten-grain doses of potassium bicarbonate, given hourly, is said to remove these poisonous effects.

Rummo and others highly recommend a four per cent. solution of iodoform in spirits of turpentine, as an inhalation or spray in phthisis and chronic bronchial catarrh to lessen cough, expectoration, and fever. According to some observers it is also useful in phthisis in doses of six or eight grains with extract of gentian daily. Dr. Dreschfeld confirms this statement, and finds that iodoform increases appetite and weight, diminishes cough, expectoration, and night sweats, and sometimes even lowers the febrile temperature.

It is employed internally in doses of one to four grains, and is generally given when iodides are useful. Dr. Bartholow strongly recommends it in catarrhal jaundice, and in cirrhosis; especially the hypertrophic variety, if the disease has not too far advanced. He believes cirrhosis may be cured by the persistent use of iodoform in moderate doses. It appears to be useful, too, in phthisis, when administered by spray, as an inhalation.

It is eliminated by the breath as iodoform, and by the urine as iodide and a little iodate. Large doses may cause hæmaturia and albuminuria, and after death we find glomerular nephritis. It is said that it also excites acute polio myelitis.

Its local application having caused several deaths, it is now less extensively used than formerly, but if used moderately, there appears to be little or no risk.

IODOL.

Tetraiodopyrol contains eighty per cent. of iodine, and is employed in place of iodoform, having the great advantage of being free from smell. It is insoluble in water, is slightly soluble in cold alcohol, but freely in warm alcohol, ether and oil. Like iodoform it is antiseptic and anæsthetic, and appears, when applied locally, to be much less poisonous than iodoform, one case only of poisoning having been at present published. Dusted on sores, it prevents suppuration, and cleans gangrenous wounds, and so promotes healing. It can be employed as an alcoholic or ethereal solution, 1 in 16, or as an ointment, five per cent., or as gauze. It is highly useful to syphilitic and chancrous sores. Internally administered in two to four grain doses, several times a day, it is useful in secondary syphilis. The pure powder applied by insufflation is useful in tubercular ulceration of the larynx.

It is readily absorbed by the stomach, and iodine speedily appears in the saliva and urine. It is eliminated as an iodide.

Given in large doses to animals they emaciate and die, and fatty degeneration of the organs is found, especially of the liver and kidney.

In one case of poisoning from its local application it acted like iodoform, inducing fever, a rapid, small, irregular pulse, and vomiting. Although all the application was removed, iodine was detected in the urine for two weeks. Like iodoform it is more slowly absorbed and eliminated than iodides.

HYDRATE OF CHLORAL.

This valuable soporific, introduced into medicine by Liebreich, when added to an alkali decomposes into chloroform and formic acid. This led to the employment of chloral, with the expectation that the alkali of the blood would slowly set free the chloroform. It appears, however, highly probable that although a small quantity may be decomposed in the blood, that it remains unchanged, and that its effects are due to the unchanged chloral hydrate. In support of the view that chloral is decomposed in the blood and acts as chloroform, several observers have obtained chloroform by distillation of the blood of animals poisoned by chloral; but probably the chloroform is given off by the heat necessary for the distillation, for Hammarsten found that on adding chloral to blood, and passing carbonic acid through the mixture, he failed to obtain chloroform, but on subjecting the mixture to distillation, chloroform was readily given off.

Further, the effects of chloral differ from those of chloroform and are more prolonged; no chloroform is exhaled with the breath; and chloral hydrate is excreted with the urine.

Chloral is antiseptic. It reddens and even blisters the skin when applied in concentrated solutions. It has a hot, pungent, disagreeable taste which may, however, be considerably covered by syrup of orange-peel or syrup of ginger. It quickly enters the blood. Its most marked effect is sleep, and after larger doses there is lessened sensibility to painful impressions. It lowers blood pressure by dilating the blood-vessels through both its action on the vaso-motor centre, and by weakening the heart. It at first accelerates and then slows the pulse, and a large dose through its effect on the cardiac ganglia arrests the heart. As on the brain, so on the spinal cord, it first produces slight increased activity, followed soon by depression, and even complete paralysis. It contracts the pupil; in larger doses, it first contracts and then dilates the pupil and greatly reduces body

temperature, as first shown by Dr. Brunton, mainly by increased loss through dilatation of the cutaneous vessels, and in a lesser degree, probably, by diminishing heat formation. Large doses induce great muscular relaxation, abolish reflex action and sensibility, and the animal dies, sometimes through the loss of heat or by paralysis of respiration, or paralysis of the heart.

The most characteristic effect of chloral is sleep, in part due, probably, to its direct action on the nervous structure of the brain, but in part also to the anæmia it produces in this organ. Thus, Dr. W. H. Hammond finds that at first chloral congests the retina, but in five or ten minutes the opposite condition commences, and continues till the retina assumes a pale pink colour. As the retinal circulation corresponds with the cerebral, he concludes that chloral affects the brain in the same way as the retina, and has proved the correctness of this inference by means of an instrument called the cephalohæmometer, invented independently by himself and by Dr. Weir Mitchel. Dr. Hammond says, that while the brain is congested, there is some mental excitement; but as the vessels contract, drowsiness supervenes; and on this wearing off, the retinal and cerebral vessels enlarge till they assume their accustomed size.

Dr. J. H. Arbuckle (*West Riding Lunatic Asylum Reports*, vol. v.), finds that the following substances, Nicotia, Atropio, Hyoscyamia, Aconitia, Hydrate of Chloral, Nitrite of Amyl, Prussic Acid, Strychnia, Morphia, Picrotoxine, pushed even to a fatal dose, do not in any degree affect the circulation at the fundus of the eye. His observations were made on rabbits, and the results they obtained were, with respect to some of these agents, confirmed by experiments on man; hence the statement, hitherto generally received, that the retinal circulation corresponds with the cerebral circulation, changes in the one always implying changes in the other, must be accepted with caution, unless, indeed, some of these drugs act on the brain in a manner opposed to the accepted theory, and do not influence it by affecting its blood supply.

Hydrate of chloral is chiefly employed to produce sleep. Chloral sleep is generally calm, refreshing, and dreamless, not too profound to prevent waking to cough, take food, &c. As a general rule, chloral causes no giddiness, headache, nervous depression, constipation, sickness, or loss of appetite. A patient roused from chloral sleep will eat a hearty meal, then lie down and immediately fall asleep again.

Chloral at first sometimes causes a good deal of heaviness and sleepiness on the following day, but this effect soon wears off. It occasionally produces frightful dreams, and sometimes much excitement, intoxication, and even delirium without sleep.

Sleep comes on sometimes in a few minutes, but more commonly in half an hour, after a dose of chloral. Like other soporifics, it should be given shortly before bedtime, and the patient should avoid excitement, and keep quite quiet, else it will produce restlessness instead of sleep. It has been given for many months apparently without any

bad results. Its effects sometimes wear off, but in a far less degree than is the case with opium. Sometimes instead of sleep it induces headache, excitement, even delirium.

Chloral as a hypnotic has been found useful in a variety of circumstances. It subdues the sleeplessness of old people, and the wakefulness induced by excessive mental fatigue, succeeding sometimes where opium, bromide of potassium, and other remedies fail. In delirium tremens it produces sleep, and calms delirium; but is especially successful when administered at the onset of the symptoms, often averting a serious illness. Large doses have been given, even sixty grains or more repeated several times. Dr. Da Costa cautions against its administration to patients with a weak heart. Large doses have caused serious and even fatal results, and a much smaller dose should at first be tried to ascertain how far the patient tolerates this drug. He advises its combination with opium. In paralysis of the insane, full doses induce sleep at night, and a moderate dose calms excitement by day. Dr. Macleod has given it daily more than three months to the same patient without bad effect. It is used in acute mania.

It is employed in puerperal mania, and in puerperal convulsions. It is conveniently administered to the insane in porter.

It is often employed in fevers, especially typhoid and typhus fever. In fevers it often happens that the sleep is broken or the patient cannot sleep at all. This sleeplessness rapidly exhausts the nervous system, hence delirium ensues, followed by twitching of muscles and picking of the bed clothes. The want of sleep, especially with delirium, rapidly wears out the strength of the patient and soon the heart shows signs of weakness, the pulse increasing in frequency and losing in volume and firmness. The cardiac failure is of course very dangerous and unless obviated may end in death. In such cases soporifics are eminently serviceable, for by inducing sleep we prevent or remove delirium, promote the appetite and assimilation, and sustain the strength. Soporifics, judiciously employed, often save life. They should be given early before delirium sets in, and certainly before the heart becomes weakened through want of sleep and delirium. For this purpose chloral is very valuable, often inducing calm refreshing slumber from which the patient can be awakened to take food, and yet fall asleep again. But whilst fully recognizing the great value of chloral hydrate, I am convinced that opium is in most cases still more valuable. I have often seen moderate doses of laudanum induce sleep where chloral has failed, or has induced disagreeable and dangerous excitement. Moreover, laudanum generally induces a gentle perspiration, most comforting and favourable to fever patients; moreover, opium strengthens the heart, not merely by inducing sleep, but by its direct action on that organ. Further, in typhoid fever laudanum checks diarrhœa.

The combination of laudanum (fifteen to twenty minims) with chloral hydrate (grains ten) is still more certain in its action.

In the sleeplessness or the dreamy, unrefreshing, broken sleep, due to worry, over-work, uterine derangement, or the menopause, chloral hydrate is often very useful. In such cases, however, I am convinced that bromides are more efficacious.

Chloral sometimes restrains the voluntary movements of chorea, but in many cases it is powerless. It is most useful in those cases where the violent movements render sleep impracticable, the want of sleep in its turn aggravating the choreic movements, till even deglutition may become almost impossible. In these urgent cases ordinary remedies like arsenic are useless, and recourse must be had to narcotics. Large doses of chloral, frequently repeated, will often produce profound refreshing sleep, from which the patient wakes calmed and less convulsed. (*Vide* Chloroform.)

E. Lambert recommends chloral in parturition in fifteen-grain doses every quarter of an hour till the patient falls asleep; stating that this treatment does not weaken the uterine contractions, while it prevents pain, and ensures calm repose after delivery. Dr. Playfair thinks that chloral acts far better than chloroform inhalation, as chloral does not lessen the strength of the contraction, whilst it greatly lessens the suffering. Moreover, it is chiefly applicable at a period when chloroform "cannot be used, that is towards the termination of the first stage, before the complete dilatation of the os." The patient falls into a drowsy state—a sort of semi-sleep. Dr. Playfair gives fifteen grains, and repeats the dose in about twenty minutes, leaving its subsequent administration to circumstances.

Chloral is often useful in the convulsions of children. Given in a dose sufficient to induce sound sleep of some hours, the convulsions cease, and often do not recur when the child wakes. If the child cannot swallow, five grains given by the rectum soon induces a deep sleep, and the convulsions then cease, at least temporarily. The liquid injection is often expelled during the convulsions, so that it is better to administer the chloral as a suppository, pushed as far as the finger can carry it. It is also very useful in uræmic convulsions. Indeed, if given in a sufficient dose, it will suspend or arrest any kind of convulsions.

Bouchut employs chloral hydrate to produce general anæsthesia in children. To children about seven he gives forty-five grains; and to children from two to five he gives thirty grains. Anæsthesia is complete an hour after the administration. The drug may be given by the rectum. Children bear chloral well.

Five grains of chloral given twice or thrice daily will often remove a common condition characterized by restlessness, irritability, and nervousness—a condition of ceaseless misery.

Dr. Bradbury and Dr. Thompson speak very highly of the efficacy of chloral in nocturnal incontinence of children.

Leibreich recommends chloral in sea-sickness; fifteen to thirty grains should be taken every four hours. It is sometimes useful in the vomiting of pregnancy.

According to some writers a hypodermic injection of chloral (five to ten grains) is very serviceable in cholera. It is said to remove the cramps and coldness of the breath, and to save life. Bartholow speaks most highly of this treatment, and says it acts still more effectively when combined with morphia.

The shortness of breath affecting the emphysematous on catching cold often yields to chloral. When the dyspnœa occurs at night, a full dose (twenty-five to thirty grains) at bedtime calms the breathing, and gives sound refreshing sleep. When the difficulty of breathing is continuous, small doses (two to six grains) should be given several times daily.

It is necessary to give chloral with caution to patients with emphysema and bronchitis accompanied with obstructed circulation, causing lividity and dropsy; for, besides drowsiness, an ordinary dose may produce muttering delirium and a notable increase in the lividity; these effects, often lasting several days (and attributable possibly to the slow destruction of the drug in the blood), seem not to be due to any peculiarity on the part of the patient, as I have seen chloral produce these symptoms in a patient who had previously taken it with benefit.

A full dose of chloral is often useful in a paroxysm of asthma.

Some cases of tetanus have apparently yielded to chloral in large doses; and in some instances this drug has prolonged life and eased pain.

The statements concerning the influence of chloral on pain are conflicting, some asserting that it produces anæsthesia, while Demarquay states that in many instances it excites hyperæsthesia. Chloral, it is said, simply makes a patient oblivious of pain; but if the pain is too urgent to permit of sleep, chloral fails to give relief. This metaphysical explanation is certainly incorrect; the truth being that, for some unexplained reason, chloral in certain cases subdues pain, while in other apparently similar instances it fails. Chloral sometimes relieves the pain of neuralgia, chronic rheumatism, gall stones, colic, and gastralgia. In doses of ten grains, three times a day, it has relieved most severe pain of cancer, without inducing drowsiness. Injected hypodermically, it is liable, like chloroform, to excite inflammation, and to produce an abscess followed by a scar.

Chloral is very inferior to opium as a narcotic for the relief of pain; in painful affections, opium or morphia must be used, as chloral will often fail.

Chloral, if too long continued, may induce disagreeable symptoms, capricious appetite, impaired digestion, deficient secretion of bile, de-

pression, nervousness, irritability, sleeplessness, and even slight paralysis, symptoms which soon disappear on leaving off the drug. Redness, injection and ecchymoses of the skin have been observed in some cases.

When equal parts of chloral and powdered camphor are rubbed together, they form a syrupy liquid, which, painted on the painful part, or gently rubbed in, often affords relief in neuralgia. My friend, Dr. George Bird, has used this compound in several cases of neuralgia and pleurodynia with great success. I have known it cure promptly neuralgia of the inferior dental branch of the fifth and neuralgia in the temporal region. It is said often to relieve tooth-ache, even when applied externally, and I have known it succeed when put into the cavity of the carious aching tooth; but, like other applications, it often fails in neuralgia without apparent cause, in cases very similar to others it has benefited. When it does answer, this liniment generally affords almost instantaneous relief. I have known it give relief in severe pleurodynia.

Chloral hydrate is antiseptic and is recommended highly as a topical application in diphtheria. Some use a saturated solution in glycerine.

As we occasionally meet with persons who display an idiosyncrasy regarding chloral hydrate, it is wise, therefore, at first to give only a moderate dose of ten to fifteen grains. Large doses we have seen weaken the heart. We are, therefore, often cautioned against giving chloral where the heart is weak, and other hypnotics, like paraldehyde, are recommended in its place, but in moderate doses of fifteen to twenty-five grains I have never seen it produce any depressing effect on the heart. The large doses recommended by some writers in delirium tremens must, of course, be given with caution; indeed I believe had better not be given at all. Other soporifics should be tried instead.

Chloral is the antidote of strychnia, physostigma, and picrotoxine; that is to say, given the known minimum fatal dose, or rather, more than fatal dose, of one of these substances, chloral will either prevent death or greatly modify the symptoms induced by these several poisons. (See Strychnia and Calabar-bean.)

Liebreich asserts that strychnia is an antidote to chloral. The urine of chloralized animals contains no sugar. Eckhard finds that chloral prevents the appearance of sugar in the urine after the diabetic puncture of the floor of the fourth ventricle. Even after severe injury to the vermiform process diabetes was absent. Chloral hydrate also prevents the diabetes inducible in animals by reflex action, as irritation of the central end of a cut vagus.

Dr. Levenstein reports the extraordinary case of a man, aged 35, who was poisoned by six drachms of hydrate of chloral. When first seen, he lay in a profound sleep, with congested face, heavy breathing,

and pulse of 100. An hour after the poisoning he became livid, the veins were distended, the respirations were intermittent, and his temperature was 103° Fah. An hour and a half after the dose he became pale, pulseless, with contracted pupils, and his temperature had sunk to 91·2°. Nitrate of strychnia, enough to produce twitching, was then injected hypodermically, and the heart at once began again to beat, and the thermometer marked 91·9° Fah.; collapse, however, returned in a few minutes, the circulation appearing to stop. Artificial respiration was performed and nitrate of strychnia again injected, again with the same result. In ten hours, the pupils responded to light; in twelve, the temperature was 100·4°; in twenty-four hours, he could be roused, and after thirty-two hours, he awoke "quite refreshed," and did not complain of any gastric disturbance.

PARALDEHYDE.

This substance, a polymeric modification of aldehyde, has recently been introduced into medicine as a hypnotic by Cervello, of Palermo; and Moselli, Popoff, Desnos, and Leech in this country have contributed valuable papers on the subject.

It is a drug still on its trial, but the accounts given of it show that it is a valuable narcotic with a *rôle* of its own, but in its action much like chloral; but, unlike that drug, paraldehyde does not, except in toxic doses, depress the heart. Its very disagreeable and nauseous taste, which may persist long after it is taken, difficult to cover with flavouring agents like syrup of orange-peel, will probably prevent its extensive employment. However, it can be well administered by the rectum.

Its effects are usually rapid. After fifty minims, quiet, refreshing, dreamless sleep supervenes in from five to fifty minutes, and if the patient is roused there is no confusion of ideas. The sleep lasts from two to six hours. Sometimes, before inducing sleep, it causes slight excitement, and the heart's action is often at first somewhat accelerated as with alcohol. It produces, as a rule, no bad after effects like headache, sickness, or depression, and it may be continued for months. It is said to be slightly anæsthetic, but if the patient suffers from pain or annoyance from cough, paraldehyde is not of much avail. It rarely causes nausea or vomiting, but if the stomach is irritable it may do so, and even cause cramp in the abdomen. It sometimes produces a roseolous rash. In toxic doses it at first weakens and at last destroys sensibility, reflex action, and voluntary power.

Small doses first increase excitability of the cortex of the brain; large doses from the first greatly depress this excitability. It affects sensibility and reflex action by its influence on the spinal cord. It leaves the sensory and motor nerves and the muscles unaffected. A large therapeutic dose does not affect the heart nor the arterial tension, but a toxic dose first retards and then accelerates and weakens the heart's action and lowers arterial tension, ultimately arresting the heart in diastole. It is said to increase the urinary secretion, but other observers have failed to detect any action on the kidneys. Toxic doses kill by paralyzing the respiratory centre, the heart continuing to beat for some time after.

Paraldehyde, having so little action on the heart, is indicated in cases of cardiac weakness which forbids the use of chloral.

It is highly recommended as a hypnotic in mania; in chronic forms of mental weakness accompanied by agitation; and in hysterical excitement. It has relieved the severe pain of cerebral tumour.

It has been recommended in epilepsy in place of bromides.

It is excreted in part by the breath, which may smell of the drug for one or two days after its administration.

Patients rapidly grow accustomed to it.

It is antiseptic.

The narcotic dose for an adult is from 30 to 50 minims.

The taste can be partially covered by giving it in sugar-and-water, and adding fifteen drops of tincture of orange-peel.

I have only compared the effects of paraldehyde with those of chloral hydrate in moderate doses. For instance, I very rarely exceed from twenty to twenty-five grains. In these quantities I have not yet met a case of fever or of heart disease at all depressed by chloral hydrate, hence I have not been able to observe any superiority on the part of paraldehyde over chloral. A few cases I have heard of where, from some individual peculiarity, even small doses of chloral excited disagreeable symptoms, and in these instances paraldehyde acted excellently without any discomforting effects. On the other hand, the taste of paraldehyde is far more offensive than the taste of chloral hydrate, so that many persons are made sick by paraldehyde, and many positively refuse to take a second dose. We are particularly cautioned not to give chloral where heart-weakness of any extent exists, and paraldehyde in such cases is highly spoken of. Cardiac weakness is mostly met with in lack of compensation, as in aortic regurgitation, or mitral disease, and in fevers. In the cardiac weakness of deficient compensation, often displaying itself in cardiac dyspnœa, by which the rest is broken, I find laudanum by the mouth or morphia hypodermically is by far the best narcotic. It strengthens the heart, obviates the dyspnœa, and permits refreshing sleep. The addition of ten to fifteen grains of chloral no doubt increases the action of laudanum, and is a dose that, certainly never in my experience, depresses the heart.

URETHAN.

A NEW hypnotic, introduced by Schmiedeberg, but already falling into disuse, is a tasteless powder, insoluble in water, but readily dissolved and absorbed by the stomach. Schmiedeberg considered that the alcohol radical would affect the cerebrum whilst the amidogen would stimulate the medulla and cord, and thus it would be free from danger to respiration and the heart. It does not disorder the stomach. At first it induces some excitement, soon followed by sleep with some, slowing of the pulse and respiration. It does not reduce blood pressure. Large doses depress the temperature and weaken, and even destroy the reflexes. The sleep is like that of chloral or paraldehyde, and ensues in from fifteen minutes to an hour. It does not relieve pain. It must be given in full doses of twenty or thirty grains, which may be repeated in an hour or two if sleep does not follow the first dose.

HYDRATE OF CROTON-CHLORAL.

We are indebted to Dr. Oscar Liebreich for introducing this valuable agent into the service of medicine. This distinguished experimenter finds that in animals it produces anæsthesia of the head without loss of sensibility of the rest of the body; and in man, anæsthesia of the fifth nerve only. In large doses it produces sleep, and in fatal doses it destroys by paralyzing the medulla oblongata. He recommends it in trigeminal neuralgia, but speaks of it as affording only temporary relief; he, however, greatly underrates its efficacy.

Croton-chloral is, perhaps, the most efficacious remedy in facial neuralgia. In neuralgia due to carious teeth; in facial neuralgia in old people, in whom the disease is generally most obstinate and severe, it is alike beneficial. In the few cases of that severe form called epileptiform tic that I have had the opportunity of using it, it has proved useless, even in large doses. I have found it very serviceable in neuralgia of the back of the head, and also of that of the neck with pain radiating to the shoulders. There is but little evidence at present of its effects on neuralgia of the other parts of the body; though it is reported to have cured several severe cases of dysmenorrhœal neuralgia. I have not found it successful in neuralgia of the trunk and extremities. In facial neuralgia I have long employed with great benefit three grains of croton-chloral hydrate with $\frac{1}{200}$ grain of gelsemia, administered every quarter of an hour for six or eight doses and then hourly.

I have found hydrate of croton-chloral very useful in migraine, commonly called sick headache, bilious headache, nervous sick headache, and hemicrania. The most characteristic and commonest symptoms of megrim are headache and sickness; but, in a typical case these symptoms are preceded by other significant and interesting phenomena. At the onset of an attack, a peculiar affection of the sight first occurs, soon to be followed by perversion of the sense of touch and of the muscular sense in the arms and legs, by disordered speech and defective ideation; the headache then comes on, and, as it becomes intensified, nausea gradually sets in.

The affections of the sight may consist of mere absence of vision beginning at the centre or circumference of the visual field. When at the circumference, the defect is generally situate to the right or left of the axis of vision. From the centre of the visual field, the blind spot gradually expands, and as it enlarges it then clears up in the centre, and so gradually disappears to the circumference. As the blind spot expands, its margin is often lighted up with spectra

variously described as glimmering, dazzling, bright zigzag lines, coruscations, etc.

In ten minutes to half an hour, numbness and loss of sensibility occur on one or both sides of the body, followed by tingling formication, "pins and needles," felt most distinctly in the hands, tongue, and lips. Speech is commonly disordered, the aberration in some cases being simply memorial, in others simply motorial; in others, again, these two derangements of speech are more or less combined. In other words, one patient forgets his words, another forgets how to utter them, whilst a third manifests a combination of these two defects. There is, too, loss of memory, confusion of ideas, and a bewildering feeling, as if the patient was going out of his mind. In half an hour or a little longer, these phenomena are followed by headache, which is generally felt on waking in the morning: is at first slight, but intensifies till it may become most severe—indeed almost unbearable. It affects one or both brows, and, beginning at one spot gradually extends, till it may involve the greater part of the head. The throbbing, stabbing, cutting, boring pain is increased by movement, noise, light, smells, or food. When the area of pain is limited, the complaint is termed clavus. As the pain subsides, or even during the whole attack, the patient may suffer dull or shooting pains in the eye of the affected side. There is much tenderness of the scalp during and after the attack.

Throughout the attack the patient complains of nausea, which may be slight, but usually increases, and when the pain is at its worst, ends in vomiting, which may be severe and prolonged, causing much prostration; yet occasionally vomiting affords relief.

Lasting a few hours, the whole day, or even two or three days, the attack generally ends in calm refreshing sleep, but sometimes it gradually subsides or ends abruptly in vomiting, perspiration, or more rarely, a copious flow of tears. The attack may be preceded and followed by very obstinate constipation or by diarrhœa, the liquid motions being in some instances pale, in others of a deep brown mahogany colour. Before and after the attack, there is often much dusky discoloration around the eyes.

Dr. Liveing, to whose exhaustive work I am considerably indebted, considers that, in a typical case, the disturbance takes place first in the optic thalamus, and passes backwards and downwards, reaching to the nucleus of the vagus below; for, as he observes, in a model seizure the visual disorder is always the initial, the headache the middle, and the vomiting symptom the final. Where morbid intellectual phenomena and disorder of speech occur, the affection radiates from the thalamus to the hemispheric ganglia, and where emotional phenomena occur, to the mesocephale.

Other observers regard the affection as seated in the cilio-spinal axis, and to be of two forms, one depending on stimulation, the other

on paralysis of this part. When due to stimulation the temporal artery is small and hard, the eye is prominent, the palpebral fissure more widely open, the pupil dilated and the skin of the face pale; where the attack is paralytic the opposite of these symptoms occur.

Though the affection is seated in the nervous centres, yet it must be recollected that both the frequency and the severity of the attacks depend on peripheral exciting causes, due to the stomach, intestines, liver, womb, etc. Even when the affection is strongly developed and the periodic attack occurs apparently spontaneously, remote exciting causes may render the seizures more frequent and severe; nay, in many cases, the affection may be so slight, that it lies dormant till roused into activity by some near or distant irritation, which, being removed, the seizures cease.

The successful treatment of megrim depends less on change to be effected in disordered nervous centres than on the removal of the exciting cause. The treatment of megrim, therefore, falls under three heads:

1. The treatment of the central nervous affection.
2. The removal or prevention of exciting causes.
3. The treatment of the paroxysm.

Many remedies act in a twofold or even a threefold way. Thus bromide of potassium is often extremely serviceable in two ways. It is very useful in cases where the seizure is due to uterine disturbance, as in menorrhagia and dysmenorrhœa. Sometimes the attacks are more severe and frequent, arising from the exhausted state of the nervous system. Perhaps from overlong town residence, or from mental troubles, the patient becomes irritable, depressed, nervous, excitable, with broken sleep, harassed by dreams. The ensuing general depression increases the headache. Now, bromide of potassium soothes the patient by promoting a refreshing sleep, and thus lessens the frequency and severity of the headaches. Bromide of potassium, moreover, is serviceable in the paroxysm itself, for it may produce several hours' sleep, from which the patient awakes free from headache.

The pain of megrim is situated in the fifth nerve; and remembering how closely megrim is allied to neuralgia, and how useful hydrate of croton-chloral is in facial neuralgia, I have been induced to try this remedy for megrim, and have found it useful in cases of which the following may be taken as a type:

A woman has been subject for years to nervous sick headache; then, owing to some great trouble, or to excitement, fatigue, or flooding, or prolonged suckling, or more often at the change of life, the headache becomes much more severe, becomes continuous for weeks, perhaps months, and is intensified greatly by fatigue, excitement, or at the catamenial period. If not actually continuous the headache comes on daily, lasting perhaps many hours, or several attacks may

each day occur. The pain is often intense; and whereas previous to the oncoming of this intensified form of headache, the pain was probably limited to one brow, it now affects both, perhaps the greater part of the head. The skin is generally very tender. There is also a sensation of bewilderment, or, as some term it, a stupid headache, and the patient says she feels as if she should "go out of her mind." The sight may be dim, especially during the exacerbations of pain. Some patients of this class are very excitable and irritable, and are upset with the slightest noise. Nausea and even severe vomiting may occur with each exacerbation of the pain. Five grains of croton-chloral every three hours, or even oftener, will give in most cases considerable relief. I need hardly say, that the drug does not entirely free the patient from her attacks; but, in one or two days, the pain ceases to be continuous, then the attacks recur, though only once or twice a week, the interval gradually extending till an onset occurs only every week, then about every fortnight, or even longer, till the illness assumes its old type and periodicity. In some cases, a week's treatment suffices to bring back the headache to its original type of an attack once in three or four weeks. Then the croton-chloral appears to be far less serviceable, manifesting but slight effect on the periodical attacks. In many cases of ordinary periodical headache, the patients say that in the milder forms the drug distinctly lessens the severity and duration, but in the severer forms it is without effect, even when sickness is absent. In cases accompanied by severe vomiting and retching, croton-chloral is useless being speedily rejected.

Croton-chloral, I have found, will relieve the lighter attacks some delicate and nervous women experience after any slight fatigue or excitement.

In the continuous sick headache just described, as the pain grows better so the cutaneous tenderness disappears. It seems to me that, in many instances, two kinds of headache co-exist, sometimes one predominating, sometimes the other. One appears due to affection of the cutaneous nerves, and is generally accompanied by tenderness. Patients describe the other as a "stupid headache," "a feeling of bewilderment," "a bewildering headache." After the dispersion of the first form by croton-chloral this stupid headache often continues, but is ordinarily relievable by bromide of potassium. Indeed, in many cases, I have found it useful to combine these remedies. Bromide of potassium itself is often sufficient in certain sick headaches; for instance, if the other symptoms point to the use of this drug, as when, in addition to the bewildering or stupid headache, the patient complains of broken sleep, is harassed with disagreeable or frightful dreams, is prone to be very irritable and excitable, and feels as if she should "go out of her mind." Bromide of potassium, too, is often useful where the continuous or almost continuous form of sick headache is associated with, and is probably due to, uterine derangement,

as menorrhagia. The drug's efficacy is not due to simply checking the loss of blood, and so indirectly improving the health, for it manifests its efficacy before the occurrence of the next flooding. In cases like this, it may be usefully combined with cannabis indica.

In the treatment of the paroxysm, salicylate of soda, or antipyrin has now quite superseded croton-chloral.

I have already referred to the effect of croton-chloral on the shooting pains in the occipital and auricular nerves, but I wish again to revert to them, because they appear in many cases to be closely allied to migraine, being often induced by the same circumstances. Thus, they are most common in women, especially when in depressed health or subject to worry. Sometimes the attacks are associated with nausea, and even sickness. The pains occur in short stabs running in the course of the nerve, and not in enduring paroxysms. Croton-chloral in such cases is often very useful, although it may fail where the health is greatly depressed, and where there is much anæmia. Sometimes the symptoms indicate the employment of bromide of potassium.

Liebreich, who recommended croton-chloral as a soporific, and gives as much as sixty grains for a dose, thinks it superior to hydrate of chloral, since whilst it produces sleep it does not affect muscular tone, nor interfere with the circulation or respiration. He thinks it applicable in cases of heart disease. Much smaller doses are said to produce sleep; thus, Dr. Yeo states that sometimes two grains will suffice. I have given five and ten-grain doses in a considerable number of cases, but never knew either dose to produce sleep, or even drowsiness.

It is best administered in a pill. Three grains every quarter of an hour for an hour or an hour and half, and then hourly, will generally relieve neuralgia without causing any toxic symptom. Much larger doses may be given, as ten grains several times a day. It is of little use in toothache, unless this induces neuralgia, when it cures the neuralgia, but leaves the toothache unaffected.

NITRITE OF AMYL.

To Dr. Brunton belongs the distinction of first using this remedy, and the rare merit of correctly inferring its therapeutic effect from its physiological action. It must give him the highest satisfaction to know how great a boon his scientific insight has provided for the hitherto almost helpless patients under the anguish of angina pectoris.

In thirty or forty seconds, whether inhaled, subcutaneously injected,

or swallowed, it flushes the face and increases the heat and perspiration of the head, face, and neck. Sometimes the increased warmth and perspiration affect the whole surface; or, while the rest of the surface glows, the hands and feet may become very cold; and this condition of the extremities may last many hours. It accelerates the pulse in a very variable degree, sometimes doubling its pace, and this augmented pulse-beat precedes the flushing by a few seconds. It causes the heart and carotids to beat strongly, and the head to feel full and distended, as if it would burst, or "as if the whole blood were rushing to the head," and sometimes produces slight breathlessness and cough. It often causes slight giddiness, mental confusion, and a dream-like state. When given to animals in a deadly dose, the breathing becomes quick; there is great weakness; loss of reflex irritability, and death ensues from arrest of respiration, but sensation and consciousness remain unaffected.

The acceleration of the heart is probably due in part to the lowered arterial tension, and in part to depression of the vagus.

The most characteristic effect of this drug is its influence on the vascular system. It relaxes the whole arterial system, greatly reducing arterial pressure. The reduction of arterial pressure is due mainly to the great dilatation of the arterioles, and, after large doses, to depression of the heart. How does it dilate the arterioles? It will dilate the arterioles even after section of the cord just below the medulla oblongata; hence it has been concluded that it does not act by paralyzing the vaso-motor centre, which formerly was supposed to be situated between the calamus scriptorius and the corpora quadrigemina. It must, therefore, act either on the vasor-motor nerve trunks, or on the muscular coat of the arteries. Some have concluded that it affects the arteries. Brunton believes it partially paralyzes the sympathetic ganglia and their motor nerves.

The paralyzing effect on the arterial system is well shown by the sphygmographic tracings, the flushing of the face, and the increase in the size of visible arteries like the temporal, which often becomes notably large—sometimes, indeed, doubled in size, and branches previously invisible become plainly apparent; and by the interesting fact observed by Talfourd Jones, who while cupping a patient over the loins, and finding that blood would not flow, administered nitrite of amyl by inhalation, when the cuts immediately began to bleed freely. After an inhalation, the larger arteries are slower in recovering their normal size than the capillaries, a phenomenon I have often observed in the temporal artery, which remains enlarged half a minute or longer after the blush has left the face.

Dr. Horatio Wood has shown that the loss of reflex action and of voluntary power occurring after large doses, is due to the depressing action of the drug on the motor tracts of the cord, and, to a slight extent, on the motor nerves and on the muscles. It appears to have

no effect on the sensory tracts of the cord, nor on its co-ordinating centres. It abolishes reflex action, but whether it represses the reflex function of the cord is uncertain, as it may act simply on the motor part of the cord.

The inhalation or subcutaneous injection of nitrite of amyl produces in rabbits sugar in the urine, with a considerable increase in the quantity of urine. It has been experimentally shown that diabetes is produced by dividing the sympathetic nerve of the liver, and thereby causing dilatation of the hepatic vessels, so increasing the quantity of blood passing through the liver. Probably nitrite of amyl acts by its influence over the vaso-motor nerves, increasing the quantity of blood passing through the liver.

Dr. Horatio Wood finds that nitrite of amyl lowers the temperature by checking oxidation. He finds, too, that the inhalation of nitrite of amyl changes both arterial and venous blood to a chocolate colour, due, as Dr. Arthur Gamgee shows, to the formation of methæmoglobin, and that by this means the ozonizing property of the blood, and hence oxidation of the tissues are lessened.

R. Pick, from observations on himself and others, finds that after inhaling amyl, if the eye is fixed on a spot on a blank wall, the spot itself, with the surrounding surface, appears of a yellowish hue, the yellow circle being encircled by a violet blue halo, with undulating lines at the edge.

Dr. Brunton first employed nitrite of amyl with signal success in angina pectoris, and found it more effective than any other remedy he had tried in this painful and dangerous disease. During an attack, his patient suffered from throbbing of the heart and carotids as high as the ears, with severe precordial pain extending to the right arm, though the usual characteristic "sense of impending death" was absent. The pulse was slightly quickened, and the sphygmographic tracing became modified, for, as Dr. Brunton states, "as the pain increased, the curve became lower, both the ascent and descent more gradual, and dicrotism disappeared. This form of curve clearly indicates that the arterial tension is much increased, and can, I think, be due only to contraction of the small systemic vessels." The increased tension first led Dr. Brunton to employ nitrite of amyl. In the case in question he attributed the attack to spasmodic contraction of some, if not all, the small systemic and pulmonary vessels, a state of arterial tension which gave way to the nitrite, when the pain disappeared. In recurring attacks, the patient inhaled the nitrite of amyl, and always obtained instantaneous relief.

It is now very largely used in angina with considerable success; indeed, in the majority of cases, no other remedy, except nitro-glycerine and nitrite of sodium, affords so much relief. As might be expected, it is not uniformly successful. I have never known it fail

to give some relief, though sometimes this is very transient, the pain returning as soon as the physiological effect of the drug passes away. Thus, in one case, due, as we discovered after death, to aneurism of the heart immediately below the aortic valve, an inhalation always arrested the pain, but after a few seconds or minutes it returned, even if the administration were several times repeated, as severely and persistently as though no amyl was used. In another case, whilst it always arrested the paroxysm, it took ten minutes to give relief, and seemed in no way superior to a full dose of ether, which the patient preferred, as the amyl produced so much giddiness and sensation of fulness in the head. In other cases, however, it has proved strikingly successful. In one desperate case, the slightest exertion brought on intense pain, but armed with amyl, the patient could always at once cut short the attack, so that now he can walk several miles, though during his journey he is obliged to employ the amyl several times. It has appeared to me, that by summarily checking the paroxysm, the attacks come on less frequently and severely, and after a time, require a much smaller quantity to control the pain; so that amyl really contributes to the prolonged relief of these unhappy patients. In some cases the nitrite of amyl either loses its effects or the severity of its attack increases, so that the drug must be taken in increasing quantities and at shorter intervals. Two of my patients kept the bottle nearly always in their hands, sniffing the drug every few minutes, and one used an ounce every week for over a year.

Dr. Talfourd Jones found it remarkably successful in very severe attacks of asthma, removing the dyspnœa immediately and averting its return; others, too, have found it very useful. In my hands it has not proved successful, for although it always arrests the paroxysm, yet on cessation of the physiological effect, the dyspnœa has returned. Jones found it beneficial also in a case of cardiac dyspnœa accompanied by extreme anasarca, due to a dilated and hypertrophied heart.

Dr. Talfourd Jones advises inhalation of the nitrite in syncope, and thinks it should be of service in the paroxysms of whooping-cough. It is useful in neuralgia, at least in neuralgia affecting the fifth nerve, often easing the pain at once, and a single administration will sometimes avert further attacks; but so signal a result as this is probably very exceptional. Dr. Richardson finds that nitrite of amyl arrests in frogs the convulsions due to strychnia. In this way he has saved their lives: hence in strychnia poisoning and tetanus he advises a trial of the nitrite, either by inhalation or subcutaneous injection.

It is better to administer the amyl by inhalation, for, according to Brunton, it will not answer with anything like the same certainty when given by the stomach; for, in the striking case of angina

pectoris just cited, he gave ten minims in brandy by the stomach, with the effect of staying the pain for only a short time, but a single inhalation afforded perfect and permanent relief. It should be borne in mind that it affects some persons much more than others; one individual being able to inhale five or ten drops from a handkerchief, or to breathe the fumes from the bottle held close to the nose, while a whiff from the bottle held at a distance, will affect another with great giddiness, much mental confusion, and general weakness. Patients become habituated to it, so that after a while it must be inhaled several times before it affords relief. This habituation is well exemplified in the internal administration of the remedy. By exposure it gets "flat," and loses its efficacy.

Nitrite of amyl is generally considered a powerful and even dangerous remedy, requiring to be watched with great care, and given in a definite quantity. I am sure it is not nearly so dangerous as is generally imagined, though it is true that nervous, sensitive women are far more powerfully affected by it than men. No doubt its administration at first should be conducted by a doctor, in order to ascertain how far the patient is susceptible to its influence, and that the patient may learn when he ought to discontinue the inhalation, but after one or two trials, patients soon learn how to administer it to themselves. I have now five patients with angina pectoris, each of whom carries a small bottle of this medicine, and on the first warning of an attack, whether walking or standing, each at once begins to sniff at the bottle. My patients have done this for months, and one for just a year, using the inhalation many times daily, so that he consumes two drachms a fortnight with still unfailing relief. Except in relieving the angina, the amyl seems to produce no other effect on the system.

Dr. Jones recommended a trial of it in epilepsy. To an epileptic patient, who, in addition to severe and repeated attacks, suffered from much mental confusion, and was haunted many times a day with an indescribable dread and sensation as of an oncoming fit, although it came on only once or twice a week, I gave three drops thrice daily, and an additional dose on the earliest warnings of a fit, with the effect of diminishing considerably the frequency of the attacks, and entirely removing the harassing sensations. Sir Crichton Browne has published some observations on the inhalation of nitrite of amyl in this disease. In two rabbits made artificially epileptic, he prevented the oncoming of the convulsions which otherwise follow the application of the electrodes to the brain, by making them inhale nitrite of amyl. He likewise arrested epileptic attacks on the occurrence of the aura before the onset of the fit, and has even cut short the fit after its commencement. By the same means he has rescued several patients out of that desperate plight called status epilepticus —a condition consisting essentially of a succession of fits, linked

together by intervening unconsciousness, the fits recurring with increasing frequency, till at last, no sooner is one fit ended, nay, before it has finished another fit begins.

Amongst other successful cases, Dr. Weir Mitchell reports one where the inhalation was used immediately the aura was perceived, and other instances where the spasms lasted for hours, one fit following another. I have given this remedy with considerable success to epileptic out-patients, in whom the attacks were very frequent. In some it has appeared to be more useful than full doses (20 to 30 gr.) of bromide of potassium thrice daily; in another case, whilst it decidedly lessened the frequency of the attacks, it was less serviceable than bromide of potassium. I have given it in two to five-minim doses suspended in mucilage, every three hours, or three times a day, without inducing any unpleasant effects, not even in some cases causing flushing, whilst other patients have flushed with each dose, but only whilst swallowing it.

Dr. Maraghano uses it successfully in epilepsy. He raises the dose to even forty drops, and says the inhalation may be prolonged forty minutes, and be repeated four or six times a day. He gives it at fixed times of the day, and not just before or at the onset of an attack. In twenty-four hours 1 to 2·5 grammes of sugar appear in the urine.

The patient should take the medicine whilst lying down, and as some patients, especially women, are very readily affected by the drug, it is well in the first instance to give it in smaller doses; but until the remedy is pushed to two and in some cases to five minims every three hours, I have failed to obtain conspicuous results. Sir Crichton Browne maintains that epileptics are more sensitive than others to inhalation of amyl. I imagine that this medicine will be found useful only in frequent attacks, and that it is not available when the fits come at comparatively long intervals, as three weeks or a month.

Inhalation of nitrite of amyl has been recommended in sick headache in that form due to spasm of the blood vessels of the side of the face, and, therefore, is indicated where the skin of the affected side of the face is pale. However, in most cases, these directions altogether fail; for it is quite the exception for the skin of the affected side of the face to be any way altered in colour, either blanched or flushed; neither is it common for the pupils to be unequal. And yet, without any vascular or occular change being present, inhalation of amyl will sometimes do good. Inhaled at the beginning of an ague fit amyl prevents or removes shivering.

Nitrite of amyl is useful in sea-sickness. Nitrite of amyl was very useful in the following singular case, no doubt allied to sea-sickness: A young woman could not travel either by coach or train without suffering great sickness and headache leading to considerable exhaus-

tion, these symptoms persisting many hours after the journey. Half a minim of nitrite of amyl dissolved in twenty minims of spirits, and a drachm of water taken hourly, almost entirely prevented these symptoms.

I have used this remedy extensively with considerable success in cases of the following kind: A woman, perhaps from the sudden arrest of menstruation, or through depraved health, or nervous depression, or more frequently at the change of life, suffers from frequent attacks of flushings or "heats" starting from various parts, as the face, epigastrium, &c., thence spreading over the greater part of the body. The face, and even the back of the hands, are often deeply reddened, the veins of the hands in some cases dilating to double the previous size. Although the patient feels deeply flushed sometimes the skin remains natural. The sensation of heat may be so urgent that the patient opens her clothes, or removes the greater part of the bed covering, and even throws open the window in the coldest weather. These heats may last a few minutes only, or an hour or more, and may be repeated many times a day. They are generally followed by perspiration, often very profuse, at other times the skin remains dry; the attacks are then commonly termed "dry heats." The "heats" are often accompanied by great throbbing throughout the whole body, followed by much prostration, the patient seeming scarcely able to rouse herself. After the heats pass away the skin sometimes becomes cold and clammy, and may turn very pale. The least exertion or excitement may bring on these heats, and such a patient generally complains of cold feet, and sometimes of cold hands. The flushings are occasionally peculiarly and abruptly limited, reaching to the thighs, knees, or elbows, and while all the parts above these feel burning hot, the parts below feel icy cold. Sleep, too, is often much broken, the patient waking with frequent starts, and in the morning feeling unrefreshed. Sometimes they occur chiefly at night. In many cases palpitation or "flutterings at the heart" occur on the slightest excitement, or even without apparent cause.

Nitrite of amyl will prevent or greatly lessen these flushings or "heats," and avert the profuse perspiration, throbbing of vessels, and great prostration. Sometimes it warms the feet and hands and controls the fluttering of the heart, but in most cases it fails to abate these symptoms, and for their cure other remedies, as iron, are required. Amyl will also remove the giddiness, confusion of mind, heaviness in the head, and even headache. It generally produces calm refreshing sleep.

When the flushings and perspiration are slight, this remedy is scarcely needed; moreover, the perspirations are generally considered vicarious and beneficial at the change of life. These symptoms in many cases form only a minor part of the troubles of the patient,

who may complain of great sinking at the epigastrium, or severe pains in different parts of the body, and other suffering incident to this period, over which nitrite of amyl has little if any influence; but when flushings constitute the chief part of the patient's troubles, this medicine is most serviceable.

The nitrite of amyl in ten days completely cured a woman who for three years had been horribly tormented with singular attacks repeated several times daily, of severe burning sensation over the loins, whence a glow of heat spread over the whole body, followed by perspiration, the burning sensation being so unendurable that she was constrained to open the window at night even in the winter, and sometimes to rush out of doors.

For the symptoms just described I have generally administered this drug by the stomach, though inhalation answers as well. In respect of dose it must be borne in mind that, like glonoine (nitro-glycerine), its effects vary greatly with different persons, one, two, or even three minims producing in some only flushings of the face and slight giddiness, while with others even a drop will induce various disagreeable symptoms. Thus one woman immediately after a drop dose turned deadly pale, felt giddy, and then became partially unconscious, remaining so for ten minutes. In another patient the same dose produced a sensation as if "a vapour spread from the throat through her head," and rendered her quite powerless for one or two seconds. A third of a minim dose sometimes excites great nausea, or a tickling in the throat; and one delicate woman, after one-thirtieth of a drop, passed for a few minutes after each dose into a trance-like state, everything to her seeming unreal, and the breathing becoming rather panting. I began with a minim dose, but was obliged to reduce this quantity, and ultimately found that, for the most part, these patients can bear one-third of a minim without any disagreeable symptoms, but that a tenth, nay, even a thirtieth, of a minim will in some patients counteract the flushing. It may be dissolved in rectified spirit, two minims to the drachm, and of this the dose is three to five drops on sugar every three hours, with an additional dose as soon as the flush begins. Relief generally ensues immediately, but sometimes not till the medicine has been taken for a week. As the patient grows accustomed to the remedy the dose must be increased. Dr. Mary Jacobi finds inhalation of amyl nitrite useful in dysmenorrhœa. In a case where two ounces of laudanum had produced small and feeble pulse, infrequent respirations, cyanosis, nitrite of amyl proved very useful. Inhalation of nitrite of amyl immediately improved the symptoms, and the patient ultimately recovered. Dr. Burroughs reports a case of opium poisoning, where nitro-glycerine proved very useful.

Dr. P. A. Walters shows that nitrite of amyl inhalation influences in no way the urea, uric acid, water, nor acidity of the urine.

NITRO-GLYCERINE.

NITRO-GLYCERINE is a trinitrite of glycerine. Dr. M. Hay holds that it is decomposed in the body, other alkaline fluids and nascent nitrous acid being liberated.

Dr. Murrell, whilst working with nitro-glycerine, was struck by the similarity of its action to that of nitrite of amyl, and he was thus led to anticipate that nitro-glycerine would prove useful in angina pectoris.

Twenty years ago Mr. Field, of Brighton, took himself two minims of a one-per-cent. solution. In three minutes he experienced a sensation of fulness on each side of his neck, with nausea, and for a moment or two some mental confusion. He heard loud rushing noises in his head, and felt constriction round the lower part of his neck; his forehead became bedewed with perspiration, and he yawned frequently. These symptoms passed away in about half an hour, but were followed by slight headache, dull heavy pain in the stomach, with a sensation of sickness without vomiting. He felt for some hours languid and disinclined for mental or physical exertion, and the headache lasted till next morning.

Mr. F. A. James, of University College Hospital, also tested the drug on himself, and for a few minutes felt as if intoxicated.

Dr. Murrell made a large number of observations on himself and on others confirmatory of the foregoing statements. After taking one or two minims of a one-per-cent. solution he feels painful pulsation over the whole head, the pulsation soon affects the entire body, and is so severe that it seems to shake his entire frame, and is so marked that it visibly jerks a pen held in his hand. The pulsation he feels to his fingers' tips. He experiences a sensation of fulness over his whole body. Whilst he keeps quiet these symptoms are slight, but they greatly increase on movement, and the headache is intensified on stooping. These symptoms last about five minutes, to be followed by a dull aching frontal headache, with languor, depression, and inability for work. He never feels sick, has no mental confusion nor giddiness. His sight and hearing are not affected till about half an hour after taking the drug, but he feels drowsy. The headache lasts till next day. For many years I have employed this substance, and from my own experience can confirm all the foregoing statements.

In numerous observations Dr. Murrell finds that the symptoms begin in about two or three minutes after swallowing the medicine, the acute symptoms lasting about ten minutes, whilst headache and languor persist about four to five hours.

Though the drug causes a glow on the face, accompanied by perspiration, still it only very slightly flushes the face, in this respect differing from nitrite of amyl. Sometimes nitro-glycerine causes very free perspiration.

The headache is at first throbbing, and felt over the forehead, sometimes on the top of the head, sometimes at the back. The continuous pain is dull and aching. Nausea is an uncommon symptom.

It increases the pulse about twenty beats per minute. The acceleration begins in about five minutes and continues half an hour. The pulse becomes full, bounding, large, and rather soft, but never intermittent nor irregular. The pulse, indeed, manifests the characters due to extreme arterial relaxation.

Dr. Murrell has made one hundred and fifty sphygmographic tracings, and has compared the action of this drug on the same person many times with nitrite of amyl, and finds that nitro-glycerine gives a similar tracing to nitrite of amyl. The amplitude of the trace is much increased, the rise and fall is abrupt. The trace displays marked dicrotism. Dr. Murrell therefore concludes that nitro-glycerine causes great arterial relaxation.

The effects of nitrite of amyl come on sooner, and last a shorter time, than those of nitro-glycerine. Thus the effects of amyl begin in fifteen seconds, whilst those of nitro-glycerine are delayed for five minutes. This difference is probably due to the great volatility of nitrite of amyl.

Nitro-glycerine, in medicinal doses, does not affect the temperature.

Chemists employed in preparing nitro-glycerine pills on a large scale complain that it causes sleeplessness.

The susceptibility to this drug varies. One or two minims of the one-per-cent. solution affects most persons but I have seen even half a minim greatly affect certain patients, and to such an extent that they could not continue the medicine.

Dr. Murrell recommends nitro-glycerine in angina pectoris. It is certainly equal, if not superior, to nitrite of amyl. In many cases it is certainly superior. I have seen cases where the relief from amyl was very transient, but much more persistent from nitro-glycerine. In some cases amyl succeeds best, in others nitro-glycerine. Nitro-glycerine is slower in relieving pain, but its effects are often more prolonged. They should be administered differently. Amyl is only useful when given during a paroxysm. Nitro-glycerine may be given at stated intervals, say every two or three hours, and an additional dose on the onset of a paroxysm. The regular administration greatly lessens the frequency of the attacks. Occasionally, however, it produces so much headache that patients are obliged to desist from its use. In one case it at first afforded much relief, but afterwards

each dose induced a slight paroxysm. It should be given in $\frac{1}{100}$min. dose, either dissolved in water, or made into tablets, as sold by Martindale. One of my patients took a hundred of these tablets a day, with great benefit.

Nitro-glycerine is recommended in sea-sickness.

Dr. Neale has seen it of great service in the paroxysms of asthma, and in migraine. Speaking of a case of asthma, he says, "the tongue of the patient was touched with the stopper of a bottle containing a 5 per-cent. solution, when the paroxysm was so severe as to cause consternation to all round, and in less than a minute there was a great calm."

It has been long used in migrainous headaches, and in many cases, no doubt, it is very efficacious, though it fails not unfrequently. I give a tablet containing $\frac{1}{100}$ to $\frac{1}{200}$ of a minim every hour or oftener immediately the headache begins. Dr. Hammond gives it in the aparoxysmal period, and successfully, to avert the attacks. Dr. Hammond also gives nitro-glycerine in epilepsy and the status epilepticus.

It sometimes cures hiccough, and, like nitrite of amyl, it averts the cold stage of ague.

Nitro-glycerine is employed in contracted kidney to lower arterial tension, and often relieves the distressing headache of Bright's disease better than other remedies. It is said to increase the quantity of urine in chronic parenchymatous nephritis.

Injected into the jugular vein nitro-glycerine arrests the heart. It paralyzes the vagus (Brunton). Like other nitrites, it affects the blood, which becomes chocolate coloured. It tetanizes, and then paralyzes frogs, but not through the spinal cord (Brunton). It directly paralyzes muscle. It destroys the reflex function of the cord, and death takes place from asphyxia.

NITRITE OF SODIUM.

We have just seen how similar is the action of nitro-glycerine to that of nitrite of amyl, and it is probable that all nitrites act in the same way; for instance, Dr. Reichert, Dr. Mitchell, and Dr. Matthew Hay, find that nitrite of sodium and nitrite of potassium act just like nitro-glycerine and nitrite of amyl. Moreover, in the preparation of nitrous ether, the workmen suffer from symptoms just like those produced by nitrite of amyl and nitrite of sodium.

Dr. Matthew Hay finds that nitrite of sodium in a dose of five, ten, or twenty grains accelerates the pulse, causes throbbing, and a

sensation of fulness in the head and eyes, with slight flushing of the face. The sensations of throbbing and fulness last an hour or more, the larger the dose the longer these sensations persist.

Gamgee, too, has shown that nitrite of soda affects the blood like nitrite of amyl.

Nitrite of sodium frequently acts purgatively on rabbits and dogs, even when injected subcutaneously, and it reddens and inflames the mucous membrane.

It is useful in angina pectoris. I find it, however, less useful than nitro-glycerine or nitrite of amyl. This may be due to the rapidity with which it changes, so that but little or none of the nitrite is administered. Its instability will probably prevent its coming into use.

One grain repeated several times a day is an efficient dose.

It has been recommended in epilepsy, but further evidence is required to prove that it is useful for the graver forms of this obstinate disease, though I have certainly lessened the frequency of attacks of petit mal, by a grain dose, given twice or thrice a day.

Lublinski finds it useful in nervous and bronchial asthma, but useless in the asthma due to emphysema. He also finds it very useful in migraine. It is useful in the asthma of Bright's disease. Like nitrite of amyl, it will avert the cold stage of ague.

A large toxic dose causes giddiness, blueness of the face and hands, fluttering at the heart, throbbing pains in the head, sometimes violent perspiration, and these symptoms may continue for one or two hours.

CAMPHOR.

At the temperature of the body camphor is solid, but it slowly volatilizes, even at a lower temperature. But little soluble in water, it freely dissolves in oil and alcohol. Camphor destroys most plants, except those of the lowest organizations, as the fungus—commonly called mould. It is said to be poisonous to fleas, bugs, spiders, and other insects. Camphor excites redness and heat, indeed slight inflammation, in the unbroken skin, and, of course, irritates more powerfully wounds and delicate structures like mucous membranes, and may produce not only active inflammation, but even sloughs and ulcers. It has been applied to stimulate indolent sores. It is a useful addition to dusting powders to allay the heat, tingling, and itching of eczema and intertrigo. Camphor is a common ingredient of tooth-powder, and is used as a corrective of foul breath.

It is largely used as a liniment to relieve pain, neuralgic, myalgic,

and rheumatic: also to sprains and to joints afflicted with chronic rheumatism.

Camphorated alcohol has been recommended as a remedy for boils at their earliest stages, applied three times a day for half a minute, afterwards letting the skin dry, and then smearing it with camphorated oil. It is said that a few applications will usually disperse the coming boil. Inhaled, or taken by the stomach, camphor exerts a decided influence on "cold in the head." Employed at the beginning of an attack (it is useless after the first stage), camphor sometimes arrests an ordinary cold, and, failing this, it abates its violence, obviating or diminishing frontal headache, and restraining the sneezing and running at the nose.

Camphor inhalations are sometimes useful in that troublesome and chronic complaint characterized by seizures of incessant sneezing and profuse watery running at the eyes and nose, the patient remaining well in the intervals. The attacks may occur daily, beginning early in the morning, and may last for a few minutes only, or persist for several hours: and they may occur at any hour of the day, recurring several times daily. Sometimes several days intervene between the attacks, which may last twenty-four hours, or even longer. They are generally accompanied by severe frontal headache, and in some instances an itching of a point inside the nose denotes the imminence of an attack. This affection lasts for years.

In catarrh, and in this unnamed affection, the patient should either sniff up finely-powdered camphor, or inhale by the nose some of the alcoholic solution poured on a handkerchief, or into boiling water; but when boiling water is used it is needful to protect the eyes from the camphor vapour, to obviate smarting and inflammation. At the same time he should take four to six drops of the alcoholic solution of camphor every fifteen minutes for the first hour, and hourly afterwards.

For drowsiness or headache occurring at the change of life, or from perverted action of the uterus, Dr. Tilt orders eau de Cologne saturated with camphor to be rubbed into the head. A lotion of equal parts of liquor of ammonia and spirits of camphor dabbed on the painful surface is a useful application for the heat and sensation of weight at the top of the head, so frequent at the change of life or from menstrual disturbance. The same lotion is useful in migraine.

Camphor excites in the mouth and stomach a sensation of coldness, followed soon by a sensation of warmth. Large doses excite epigastric pain, nausea, and vomiting. After death from poisonous doses the stomach and intestines are found reddened, and sometimes even ulcerated, the amount of mischief depending on the mode of taking the camphor, which, if swallowed in solution, quickly passes into the blood, the stomach being but little affected; but if swallowed in the solid form, owing to its high melting point, it remains long enough in

the stomach to excite severe inflammation, and most of it escapes undissolved with the motions.

Dr. Bartholow recommends five to fifteen minims of spirits of camphor for flatulence, especially hysterical flatulence, and for flatulent colic occurring at the change of life.

Few, if any, remedies are comparable to camphor in summer diarrhœa and cholera. Its benign influence in cholera is most conspicuous; for it generally checks the vomiting and diarrhœa immediately, prevents cramp, and restores warmth to the extremities. It must be given at the very commencement, and repeated frequently, otherwise it is useless. Four to six drops of strong spirits of camphor must be given every ten minutes till the symptoms abate, and hourly afterwards. It is a good plan to mix it with a little brandy, but it acts admirably alone.

Dr. George Bird employs spirit of camphor with good results in the acute diarrhœa of infants, and where admissible gives it in milk. Camphor generally restrains the diarrhœa excited by the effluvia of drains. Some persons, especially women, on exposure to cold, suffer from diarrhœa, accompanied with severe cutting pains. Standing on cold objects is especially liable to excite this diarrhœa. The pain may be very severe, continuing till the bowels have acted three or four times. Camphor generally relieves the pain, and restrains this diarrhœa.

Camphor readily passes into the blood, and manifests itself there, and in most of the organs of the body, by its odour. Its influence on the blood is unknown. Its influence on the heart appears to be capricious. Large doses often slacken, sometimes quicken, and generally weaken, the pulse. Moderate doses, it is said, quicken and strengthen the pulse. Large doses sometimes disturb the brain, causing at first increased activity, with a rapid flow of pleasant ideas; but subsequently, and in some cases even at first, camphor produces great faintness, giddiness, noises in the ears, much delirium, passing sometimes, like alcoholic intoxication, into drowsiness, and even convulsions, with coldness of the surface, shrunk features, and clamminess of the skin. Large doses often induce some smarting and pain of the urinary organs, with urgent desire to pass water.

It is mainly given in adynamic fevers, and, according to Graves and others, it is a very valuable remedy. It is said to strengthen, while reducing the frequency of the pulse, to moisten the skin, and check the delirium, especially when of a low and muttering character. To control delirium, it must be given to the extent of twenty grains, or more, every two or three hours, and its effects must be watched. Some practical authorities, however, deny the efficacy of camphor in fever delirium.

It has also been recommended in melancholia, in spasmodic affections, in nervous palpitation, and in hiccup.

It is reputed, on high authority, that considerable doses of camphor will control inordinate sexual desire. It is said to relieve strangury. Drachm doses of the spirit will relieve chordee.

Camphor is eliminated by the breath, probably with the perspiration, and a small proportion with the urine. The irritation it produces in the urinary mucous membrane, and the small amount of camphor separated by the urine, has led to the assumption that some of the products of its decomposition in the body escape with that secretion, and, in their passage, irritate the mucous membrane; but on this point nothing definite is known, and at present there is no proof that camphor is consumed in the body.

TURPENTINE. OIL OF TURPENTINE.

Turpentine is antiseptic. Applied to the skin it excites a sensation of warmth, with some redness; and, if the application is sustained, blistering takes place. It is in common use as a rubefacient and counter-irritant. Over a flannel wrung out in hot water some turpentine or turpentine liniment may be sprinkled, and applied till it produces redness, tingling, and smarting. It is well to bear in mind that, as the smarting arising from the application of a turpentine stupe goes on augmenting for some time after its removal, it should be kept on no longer than just sufficient to excite a moderate degree of pain. Turpentine stupes may be employed as a rubefacient for the same purpose as a mustard poultice. It is often employed in the form of liniment, and is useful in myalgia, superficial neuralgia, and lumbago. Turpentine liniment, or an ointment containing turpentine, is useful for unbroken chilblains.

Dr. Faulis employs the following method in ringworm:—He cuts off the hair and rubs the patch with turpentine till it smarts. He then washes it well with carbolic soap (10 per cent.). The smarting soon ceases. After well drying the skin, he paints on it two or three coats of tincture of iodine. Lastly, he anoints the hair with carbolic oil (1 in 20). He claims to cure the worst cases in a week.

Turpentine in the stomach excites a sensation of warmth, and large doses sometimes produce nausea and vomiting. It generally, but not invariably, acts as a purgative; and if, after large doses, purgation does not take place, serious symptoms sometime arise from the absorption of the turpentine, and from its actions on the organ at a distance from the intestinal canal. Thus, when administered in considerable doses, it is desirable to give, either simultaneously or soon after-

wards, some more active and certain purgative, as castor-oil. Even after large doses the stomach and intestines of animals have been found sometimes free from inflammation.

In staying hæmorrhage from the stomach, arising from chronic ulcer, or other causes, from the intestines in typhoid, &c., few remedies are more successful than turpentine given in small doses of five to ten drops, very frequently repeated. Later on we shall speak of the use of turpentine in controlling hæmorrhages from other organs.

Turpentine proves useful in certain states of typhoid fever, probably from its direct action on the intestinal mucous coat. Thus Dr. Wood has drawn attention to its value in ten-minim doses, repeated every two hours, when the tongue parts with its fur in flakes, and instead of becoming and remaining moist, looks dry and glazed, a condition usually observed towards the end of the disease, and accompanied always by an increase of the tympanites, and an aggravation of the other symptoms. In "the course of twenty-four, or at most forty-eight hours, some amelioration of the symptoms may be observed. The tongue becomes gradually moister, and covers itself with a whitish fur; the tympanitic distension ceases to augment, and after a time diminishes; the pulse becomes less frequent and the skin less dry and harsh, and the patient enters slowly but regularly into convalescence, often without any other remedy. As the case improves, the quantity of the oil should be diminished, but care should be taken not to omit it too hastily." Dr. Wood further says, "I will repeat that oil of turpentine may be used, with great hope of benefit, in any case of enteric fever in the advanced stage, with a dry tongue."

Dr. Graves employed it in the same disease in drachm doses every six hours in extreme tympanites, and he pointed out that the remedy is of no use if, before and during the production of flatulent distension there is diarrhœa, when acetate of lead is invaluable. With the tympanites there is very often much prostration, with muscular trembling, and picking of the bed-clothes, and low muttering delirium —symptoms all, according to Graves, benefited in many cases by the use of turpentine.

This drug is successful as a tape-worm poison, though it has now given place to milder and more efficient remedies. Large doses of half an ounce to an ounce must be given, and should be combined with a purgative, for if absorbed, this quantity may produce disagreeable symptoms. A smaller dose of a drachm may be given three times a day.

Turpentine injected into the rectum will destroy thread worms, but many other substances are just as effective vermicides.

Turpentine enemata are useful in flatulent distension of the bowels.

Turpentine may be inhaled with benefit in chronic bronchitis, but terebine is pleasanter and preferable.

Turpentine passes readily into the blood, and may be detected in the breath and sweat, and in an altered state in the urine, giving to this excretion an odour of violets or of mignonette.

In large quantities, and especially if it fail to purge, and thus escape promptly by the rectum, turpentine produces in most persons some excitement, with giddiness, confusion of sight, quickened pulse, and, in extreme cases, insensibility, with dilated pupils. In many instances it produces bloody and scanty urine; or, indeed, it may suppress this secretion; occasionally it excites pain along the urinary tract, with frequent and painful micturition.

Dr. H. A. Hare shows that moderate doses increase the frequency of the heart's beats from direct stimulation. But larger doses reduce the frequency by stimulation of the vagus centre. He finds, too, that neither large nor small doses have much effect on the vaso-motor system. In small doses it stimulates the whole of the nervous system, the brain first and most, but large doses depress this system, and lessen reflex action.

As we have said, it is very efficacious in bleeding from the various organs of the body, as the lungs, nose, uterus, kidneys, and bladder. A drachm should be given every three hours, a dose which sometimes causes sickness, diarrhœa, and even blood in the urine; but on discontinuing the drug the blood soon disappears. Given to check bleeding from the kidneys, as in Bright's disease, it must be administered in very small quantities. It is also reputed to possess the power of checking bleeding in the hæmorrhagic diathesis, and to be useful in purpura.

Large doses of this medicine are given in puerperal fever, but authorities are divided as to its usefulness.

According to some authorities it has been employed with great success in sciatica, in half-ounce doses, given for four or eight successive nights, when, if it fail to give relief, it may be pronounced useless in that particular case.

Dr. George Bird finds that in 20-drop doses, thrice daily, it is markedly serviceable in lumbago.

Spirits of turpentine, in half-drachm doses, several times daily, is very useful in non-specific choroiditis.

It is useful in chronic bronchitis with profuse expectoration, but terebine is generally employed. Dr. Murrill finds terebine very useful in winter cough with emphysema.

It is recommended in diphtheria; teaspoonful-doses are given thrice daily to young children.

Turpentine is an antidote to phosphorus, and Dr. Letheby says that at a lucifer-match factory at Stafford the workmen prevent necrosis

of the jaw by wearing near their breast a small open vessel containing turpentine.

The experiments of Personne on fifteen dogs support this view. To five dogs he gave phosphorus alone, and they all died. To five others, an hour or two after the phosphorus, he gave turpentine, and one only died. To five others he gave turpentine immediately after the phosphorus, and only one dog died. These experiments, however, are not so satisfactory as they easily might have been, as he does not appear to have given an identical dose of phosphorus in all his experiments. Personne thinks that phosphorus produces asphyxia by becoming oxidized, and abstracting oxygen from the blood. Pyrogallic acid absorbs oxygen from the blood, and Personne asserts that it produces the same symptoms and post-mortem appearances in dogs as phosphorus. He thinks that turpentine prevents the oxidation of phosphorus, so that it is eliminated unchanged without inflicting injury on the body.

Köhler confirms Personne's statement of the antidotal power of turpentine, but controverts his explanation of its action. He gave to twenty-five animals from 0·006 to 0·09 grms. of phosphorus, and 4·5 grms. of turpentine, and on killing the animals the tissues showed no fatty degeneration, or other signs of phosphorus poisoning. Köhler says that a compound of phosphorus and turpentine is formed, which is eliminated through the kidneys, giving to the urine a smell like opodeldoc, and not of violets.

Some experimenters deny the antidotal virtue of turpentine. These contradictory statements are now reconciled by the observations of Jonas, who finds that pure turpentine has no effect on phosphorus, whilst French turpentine forms a spermaceti crystalline mass—turpentine-phosphoric acid—which is said to be harmless and to be eliminated by the kidneys unchanged. Experiments with the different kinds of turpentine as antidotes to phosphorus confirm these conclusions. The French turpentine must be old when it contains ozone.

Turpentine is reputed to be diuretic, and is sometimes administered in small doses with this intent in Bright's disease.

It has been used in chronic cystitis, in gonorrhœa, and in gleet.

It has been given with apparent advantage in biliary colic.

It is excreted by the lungs and skin but chiefly by the urine, giving it the odour of violets.

Group containing:—

NUTMEGS.	OIL OF PEPPERMINT.
CLOVES.	OIL OF SPEARMINT.
CANELLA BARK.	OIL OF RUE.
CINNAMON BARK.	OIL OF LEMONS.
CAJEPUT OIL.	CUBEBS.
OIL OF ANISE.	BUCHU LEAVES.
FENNEL FRUIT.	BALSAM OF TOLU.
CARRAWAY FRUIT.	BALSAM OF PERU.
CORIANDER FRUIT.	COPAIBA.
DILL FRUIT.	MEZEREON.
ELDER FLOWERS.	SASSAFRAS.
LAVENDER OIL.	STORAX.
OIL OF ROSEMARY.	JUNIPER.
OIL OF SANDAL WOOD.	BENZOIN.
MENTHOL.	ETC.

THIS group consists of volatile oils, or substances containing volatile oils. Some of the members containing a bitter constituent are tonics.

The ethereal oils penetrate the cuticle, and excite slight inflammation. Some are employed as rubefacients to rheumatic and gouty joints, to the face in toothache, etc. Dr. Alfred Wright, of Finchley, says that in China he learned from the natives the practice of painting oil of peppermint on the face in facial neuralgia. He uses it also for gout, the relief it gives in both instances being often almost instantaneous.

There is a German quack anti-neuralgic liniment which consists chiefly of oil of peppermint. Balsam of Peru is a useful adjunct to ointment for broken chilblains. Dr. Robertson, of Cheltenham, strongly recommends the local application of cajeput oil for chilblains, stating that sometimes one application will effect a cure (*Vide* Iodine).

All the essential oils destroy lice, whether situated on the head, trunk, or pubis; but in "louse disease" oil of rosemary and powdered pyrethrum are generally preferred.

Many excellent authorites extol storax and Peruvian balsam in itch. The following preparations are very useful:—Storax, an ounce; olive oil, two drachms. Or, rectified spirit, two drachms; storax, an ounce; olive oil, a drachm; mix the first two ingredients, and add the olive oil to them. The whole body, except the head, is carefully rubbed with either compound. One application, it is said, kills the

insects: but, to avoid the risk of failure, it is better to repeat the application in twelve or twenty-four hours. These applications cause no irritation of the skin, and they possess the additional advantage of an agreeable odour. Although not necessary to the success of this treatment, yet for the sake of cleanliness, a warm bath should be given before and after the inunctions.

Dr. McCall Anderson recommends storax highly, asserting that it is efficacious as sulphur, while, unlike sulphur, instead of irritating it soothes the skin.

Compound tincture of benzoin painted on the skin, or mixed with water will sometimes allay itching from urticaria, eczema, etc.

Five to fifteen grains of menthol to an ounce of simple ointment is very useful in pruritus ani, and to a less extent in the itching of eczema. The stronger preparation may produce much smarting, therefore the weaker preparation should be first tried. This ointment is often successful where calomel ointment fails. Dr. Selwyn Russell finds that cutaneous inflammations, like boils, carbuncles, excessive inflammation following vaccination, are speedily relieved by painting the inflamed tissue several times a day with a ten to fifty per cent. solution of menthol in ether or alcohol.

A piece of cotton wool saturated with a ten per cent. solution of menthol inserted into each nostril at the beginning of an attack of coryza directly itching and sneezing begin, and allowed to remain for four or five hours, is said to cure a cold in the head.

Benzoic acid dissolved in spirits of eau de Cologne is also very useful in urticaria; a drachm added to boiling water, and used as an inhalation night and morning, is often used in bronchitis, and even in chronic phthisis—easing cough and lessening expectoration.

Terebine is a useful inhalent; for chronic bronchitis ten minims should be used in boiling water, or dropped on a handkerchief and placed near or over the mouth.

The members of this group have a warm, and many of them an agreeable taste. Oil of peppermint, orange flower water, oil of cinnamon, oil of lemons, conceal the flavour of disagreeable medicines.

These oils excite a sensation of warmth in the stomach; some of them being used to increase appetite and digestion. In large doses they excite slight inflammation of the stomach and intestines. Many of them, as oil of cloves, oil of cinnamon, oil of anise, oil of fennel, oil of coriander, oil of caraway, oil of peppermint, are employed to prevent the griping pains of purgative medicines.

Some, as cloves and cinnamon, are useful in diarrhœa as adjuncts to astringents. Their stimulant action on the muscular coat of the stomach and intestines removes colic and expels wind; oil of cajeput especially, and oil of cloves, are generally preferred in flatulence. Spirits of horseradish, in half-drachm to drachm doses, is highly

approved in flatulence. Cajeput oil is said to relieve the pain of dysmenorrhœa.

These oils probably pass readily into the blood, and for the most part act like turpentine. Many of them are employed as antispasmodics, but they are inferior in this respect to chloroform and ether. Whether they undergo any changes in the blood is at present unknown.

Balsam of Tolu and balsam of Peru, and copaiba, are given in chronic bronchitis with a copious secretion of pus.

Mezereon and sassafras are reputed to be useful in syphilis and chronic rheumatism.

Lavender, rosemary, rue, cinnamon, and some other members of this group are given as stimulants to nervous and hysterical persons affected with depression of spirits and other symptoms; but they soon lose their effect, unless given in increased doses. Drachm doses of oil of cinnamon, given several times daily, is strongly recommended in menorrhagia and flooding.

Senator finds benzoic acid, 150 to 180 grains daily, useful in acute rheumatism, though inferior to salicylic acid.

These oils, and the resins derived from them, escape from the body in part with the breath and perspiration, but chiefly with the urine, and in their passage along the urinary tract they stimulate or irritate its mucous membrane. Copaiba sometimes causes bloody urine with strangury and pain in the bladder.

I know of no remedy so useful in chronic cystitis as pereira. Two to three drachms of the liquid extract every three or four hours speedily reduces the amount of blood in the urine, and more slowly reduces the pus and mucus. At the same time it often promotes appetite.

Copaiba, cubebs, and especially buchu, are commonly used in chronic inflammation of the bladder and urethra.

Tincture of cubebs in half-drachm or drachm doses in half a tumbler of linseed tea thrice daily is very useful in coughs due to chronic catarrh, or those following influenza, or a simple acute catarrh, or in the cough of emphysematous patients. It often cures the cough "like a charm."

Copaiba and cubebs are used in gonorrhœa and gleet, and cubebs often succeeds when copaiba fails. Copaiba benefits, it is said, the chronic, but aggravates the acute, stages of gonorrhœa; while cubebs, which must be given in large doses, is considered only useful at the commencement of attack. Copaiba, however, often promptly relieves an acute attack. Emulsified copaiba has been used, especially for women, as an injection for gonorrhœa.

Balsam of copaiba, in ten to fifteen minim doses, sometimes acts as a powerful diuretic, and Dr. Wilks, who uses it with much success, finds that the diuretic properties reside in the resin. Copaiba has been found very useful in some cases of ascites, entirely removing the

abdominal dropsy, and in Bright's disease. I have in many cases used the resin in ten to fifteen grain doses, often with great effect; I have seen it answer in cardiac dropsy and in ascites, where the kidneys were healthy; also in ascites where there was fatty degeneration of the kidneys; and in Bright's disease, where the kidneys seemed the seat of fibroid change and fatty degeneration, being much contracted, granular, red, firm, the cortex much contracted, with numerous small opaque buff-coloured spots. I have also seen it remove, speedily and entirely, extensive dropsy, due probably to pale fatty kidney. I have also known the resin benefit the chronic diseases left by an attack of acute Bright's disease, and prevail over a case of cardiac dropsy, with a small amount of albumen in the urine, and with signs of general decay. Yet in cases which seemed exactly similar I have known it to fail entirely, leading me to think that success or failure depends less on the nature of the disease than on some individual peculiarity. In some cases copaiba causes bloody urine, in others I have seen a large amount of blood in the urine quickly disappear under the influence of copaiba resin.

Copaiba occasionally produces a rash, sometimes like urticaria, sometimes very closely simulating the papules of measles, but there is no fever with copaiba-rash. If the medicine is continued, the papules last many days. The rash does not begin on the face, then spreading downwards over the body, but is patchy, and shows a preference for the neighbourhood of joints. In doubtful cases, where patients deny that they have taken copaiba, it may be detected in the urine by the smell, and with still greater certainty by chemical reagents; for, if copaiba is present, nitric acid makes the urine turbid, which heat dispels. Copaiba may also be extracted from the urine by shaking it up with ether.

Oil of sandal-wood, in doses of fifteen minims three times a day, is useful in acute and chronic gonorrhœa.

Probably most of these ethereal oils escape from the body with the urine; but, from Weikart's experiments, quoted by Parkes, this does not appear to be the case with copaiba, the volatile oil being destroyed in the body, and only its resinous acid appearing in the urine.

Many persons highly esteem juniper as a diuretic in scarlatinal dropsy.

Many of these oils may be prescribed in capsules.

EUCALYPTUS.

Eucalyptol destroys the lower forms of life and is a powerful antiseptic and disinfectant. It is more antiseptic than quinine; and this property increases with its age, when it contains more oxygen. It arrests the amœboid movements of white corpuscles. When applied to the skin and its evaporation is prevented, it excites redness, and even vesication.

Mixed with iodoform it is a useful application in chancrous sores and hard chancres; and with iodoform and vaseline is sometimes very useful in the dry stage of eczema.

Eucalyptus and its oil has a warm camphoraceous taste, and increase the salivary and intestinal secretion, producing copious and soft motions, whilst large doses excite diarrhœa, and the stools smell of eucalyptol. The active principles are readily dissolved. It is often employed topically in diphtheria, the oil being applied to the throat and also used as an inhalation.

Twenty drops inhaled several times a day with an oronasal inhaler often relieve cough in chronic bronchitis and chronic phthisis. In most cases it is decidedly inferior to creasote, but it sometimes succeeds where creasote fails, and may be employed where the taste of creasote cannot be tolerated.

It excites perspiration.

Preparations of Eucalyptus are given in atonic dyspepsia, chronic, gastric and intestinal catarrh, and in vomiting from sarcinæ. Eucalyptol is used as an injection for thread-worms. It is given in the various symptoms connected with the change of life, as flatulence, palpitation, flushings. It is used in the form of cigarette in asthma, and is highly commended in chronic bronchial catarrh and bronchorrhœa, and in chronic catarrh of the genito-urinary tract. It contracts the spleen.

In large doses eucalyptol acts on the kidneys like turpentine, copaiba, and cubebs, and, like these drugs, it is useful in small doses in acute and chronic nephritis. Eucalyptol is highly praised in chronic inflammation of the bladder.

In toxic doses it probably depresses the spinal cord, the brain, medulla oblongata, and heart, and so induces drowsiness, shallow breathing, and lowered arterial tension. It kills by arresting respiration.

It is used in intermittent fever, but in most cases it is undoubtedly much inferior to quinine.

The active principles are eliminated by the skin, the bronchial mucous membrane, and the kidneys.

VALERIAN. VALERIANATE OF ZINC. VALERIANATE OF QUINIA. VALERIANATE OF AMMONIA.

Like turpentine and the volatile oils, valerian produces a sensation of warmth in the stomach, a quickened pulse, some mental excitement, and, in a large dose, even delirium.

Neligan considers valerian a powerful anthelmintic, and especially recommends it when the worms excite convulsions.

Valeriante of zinc is very useful for those numerous, distressing, and changeable symptoms included under hysteria, which so generally occur in women at the menopause. Thus it will ordinarily remove "flushings of the face," "hot and cold perspirations," restlessness, nervousness, depression of spirits, sensation of suffocation in the throat, throbbing of the temples, fluttering at the heart, heat and weight on the top of the head. In many instances these symptoms depend on uterine derangements, piles, dyspepsia, or constipation; but, after the removal of all discoverable disease, or in cases where no cause for the symptoms can be detected, valerianate of zinc is often very beneficial. Oxide of zinc does good, but is certainly inferior to the valerianate. In many instances, however, valerianate of zinc fails in the very cases we should expect it to be useful, our knowledge of the conditions indicating the employment of these medicines being at present not sufficiently precise to enable us to predict the cases in which they will be likely to succeed. It should be given in 3 to 5 grain doses in a silvered or coated pill.

Some prefer valerian or its tincture, and ascribe most of its efficacy to the volatile oil, others prefer the salts of valerianic acid.

Valerian has been used with occasional advantage in epilepsy, but whether in true epilepsy, or in the merely hysterical form of the disease, does not appear.

Valerianate of zinc, or valerianate of ammonia, in twenty-grain doses, sometimes relieves neuralgia of the face or head. It is recommended in megrim in doses of from two to five grains thrice daily. It is said that valerian preparations will control the paroxysms of whooping-cough, and the involuntary movements of chorea. Large and increasing doses of valerian are stated to be useful in diabetes insipidus.

ASSAFŒTIDA. AMMONIACUM. GALBANUM.

These medicines act very similarly on the body; but assafœtida, probably because it contains most volatile oil, is the most powerful.

Assafœtida has a warm and disagreeable characteristic taste; it stimulates the stomach and intestines, expels wind, and in large doses it often excites nausea and vomiting. It increases the secretion from the mucous membrane of the intestines, and hence acts as a mild purgative. Probably the active principles of these drugs do not pass quickly into the blood; for they make the eructations offensive for twenty-four hours, or longer.

They generally quicken, but sometimes slacken, the pulse.

A full dose of assafœtida induces general exhilaration, and sometimes "various nervous or hysterical phenomena, and a general sense of *malaise*." (Jorg.) It often produces headache and giddiness.

Assafœtida is said to increase the bronchial secretions and perspiration. It does not similarly affect all persons, since Pidoux took enormous doses without experiencing any inconvenience, except from the offensive smell of his fæces.

Assafœtida is very useful in hysteria, in many cases removing hysterical headache and peculiar sensations in the head. It is also useful in hysterical flatulence.

Assafœtida is useful in the flatulence of young children, unconnected with constipation or diarrhœa. A teaspoonful every hour of a mixture containing a drachm of the tincture to half a pint of water is readily taken by children, and is strong enough to speedily relieve distension. When the flatulence is due to constipation or diarrhœa, assafœtida does very little good.

Assafœtida has been recommended in asthma. All members of this group are useful in chronic bronchitis, with much wheezing and abundant discharge, symptoms commonly met with in elderly people, but in cases like these, ammoniacum is generally preferred to assafœtida.

CANTHARIDES. (*See Counter-irritation.*)

Preparations of cantharides, taken internally, produce an unpleasant burning taste, and, if in a large quantity, inflammation and vesication of the mouth.

The effect of cantharides in the stomach is in all respects similar to that in the mouth. Even small doses cause smarting in the œsophagus, pharynx, and stomach; but a larger quantity produces inflammation of these parts, and of the intestines, with vomiting, and diarrhœa of bloody and slimy stools, much pain and difficulty in swallowing, and often general peritonitis, with which the system sympathizes, as indicated by high temperature and frequent pulse.

The active principle of cantharides passes from the stomach and intestines into the blood. Its passage, it is true, has not been chemically demonstrated, but the symptoms following the administration of this drug renders this conclusion certain; for, after a large dose, all the indications of acute inflammation of the kidneys set in, with much irritation or even inflammation of the urinary and generative organs, and, after a poisonous dose, headache, loss of sensibility, convulsions, and death.

The changes cantharidine produces in the blood are at present unknown.

The tincture or powder used to be given in cholera and epilepsy, but this treatment has now fallen into complete disuse.

Little is known of the separation of the cantharidine from the body. It is conjectured that, being volatile, some may pass off by the lungs; but, if so, it produces, apparently, in its transit through the lungs, no changes in the mucous membrane of the air-passages. Owing to the same property, some of the cantharidine probably passes off by the skin; and the internal use of preparations of Spanish-fly are recommended by several eminent French dermatologists in psoriasis, eczema, lichen, and prurigo. The chief portion of the active principles of cantharides escapes by the kidneys, and, as we have said, acts as a strong irritant to the urinary and sexual organs. It may, like oil of mustard, turpentine, or copaiba, produce hyperæmia of the kidneys, with bloody urine, which may partially set into a jelly from the fibrine it contains. This coagulation is said to be characteristic of congestion produced by these and allied substances. Camphor, in two to five grains, is said to remove promptly this hyperæmia.

The preparations of cantharides have been recommended on high authority in certain forms of Bright's disease, but this drug has for years past been regarded as a most dangerous drug in this disease.

The discrepancy respecting the effects of cantharides arises, perhaps, from the difference in the dose administered by various observers. I am convinced of its usefulness in acute Bright's disease, when the active inflammation and fever have subsided, as they invariably do about the fifth to the eighth day. A chronic state often follows the subsidence of the more acute stage, and the urine continues small in quantity, contains albumen, and perhaps blood. If, just at this time, that is, on the immediate subsidence of the acute inflammation, a one to three-minim dose of tincture of cantharides is given every three hours, the blood will almost always quickly disappear, while the albumen decreases more gradually, and the urine becomes more abundant. At a crisis like this, it is true that a like amendment not unfrequently takes place without any treatment; but the influence of the cantharides can often be put to a conclusive test. To a patient in the condition described above, passing urine containing albumen and much blood, give the drug in the way pointed out, and he will begin to improve; now withhold the medicine, and both blood and albumen return in their original quantity, and both may be augmented and lessened again and again by intermitting and reverting to the cantharides; but its restraining influence over the blood is speedier and more decisive than over the albumen of the urine. Sometimes it checks the greater part of the blood, but a small quantity remains for some weeks. This is especially the case when the patient gets up, for even a small amount of exercise often exerts remarkable influence on the renal bleeding. Merely sitting up in bed in some cases notably increases the bleeding.

Cantharides, in a similar dose, has been recommended even in the acute stage of Bright's disease; and when the kidney, having undergone fatty degeneration, secretes very little urine.

After its separation by the kidneys cantharides acts as an irritant to the urinary tract, and may be employed in cystitis, gonorrhœa, and gleet. A drop of the tincture, although five are sometimes required, given three or four times a day, is particularly useful in cases where there is frequent desire to make water, accompanied by great pain in the region of the prostate gland, and along the urethra, while at other times severe twinges of pain are felt in the same part, the urine being healthy, or otherwise containing an excess of mucus, or even a small amount of pus.

Women, especially middle-aged women, often suffer from frequent desire to pass water, or inability to hold it long, sometimes only in the day on moving about. Micturition causes no pain, neither is there any straining, and the urine is natural. Other women cannot help passing a little urine on straining, or sneezing, or coughing. Sometimes women are troubled with both sets of symptoms, which appear due to weakness of the sphincter of the bladder. One or two trops of tincture of cantharides, three or four times a day, will

in many cases afford great relief, and sometimes cure with astonishing rapidity, even when the symptoms have lasted months or years.

Tincture of cantharides is useful in the incontinence of urine of the aged, even when due to paralysis, and sometimes in that of children. With children, however, it is inferior to belladonna. Unfortunately, each remedy fails in a not inconsiderable number of cases.

A drop of the tincture, three times a day, in the majority of cases, will abate or remove chordee.

Cantharides affects the generative organs. Large quantities of the drug congest and inflame these parts, and often produce erection of the penis, effects generally attributed to the sympathy existing between the genitary and urinary tracts. It certainly excites the sexual appetite, and has been often given criminally for this purpose. Full doses of cantharides, twenty to thirty drops of the tincture, or half a grain of the powder with full doses of sesquichloride of iron and phosphoric acid, or nux vomica, three times daily, is a combination effective in some cases of impotence; in the impotence of old age, and in that resulting from self-abuse or sexual excess, it has proved successful, and the patient has begotten children. Cantharides and iron combined are useful in some cases of seminal emissions.

Cantharides has been sometimes successfully employed to produce abortion; but the danger is so great as to deter any medical man from using this drug. Lahousse finds that cantharides affects simultaneously the malpighian bodies, the renal tubules and matrix. The malpighian vessels are greatly congested; albumen, leucocytes, and a few red corpuscles escape; the epithelium covering the vessels and lining the capsule, swell and desquamate; the endothelium of the vessels swells and may choke the vessels; the tubule cells swell, become granular and die. The tubules contain hæmoglobin in form of brilliant red homogeneous cylinders. Leucocytes escape into the matrix. Other observers hold that the malphigian bodies are alone, or chiefly, affected.

MUSTARD.

A MUSTARD poultice is in common household use as a counter-irritant, and an excitant. Much that has been said of blisters applies to mustard poultices. (See Counter-Irritation.) As has been elsewhere stated, cantharides need seldom be applied to produce much vesication; and with regard to mustard, vesication should be carefully avoided, as the sore so produced is intractable, heals slowly, and

pains sharply. Although mustard may be used in all cases where we should employ cantharides, short of vesication, still there are differences in their action. A mustard poultice is more painful than a blister, producing a severe burning, soon becoming unendurable, and if not speedily removed creating troublesome vesication. A mustard poultice can rarely be borne longer than twenty minutes or half an hour; if the skin is delicate, as in children and many women, it cannot be endured for so long. Owing to the pain produced, and to its prompter action, a mustard poultice is more effective than a blister when applied to rouse a drowsy and comatose patient from poisoning by opium or alcohol, or in certain conditions occurring in the course of fevers. (See Counter-Irritation.)

Mustard leaves may be used in place of a mustard poultice. As they often produce rather severe pain, one, two, or three layers of damped muslin should be placed between the leaf and the skin.

When a mustard poultice is employed to affect deep-seated diseased organs, as in bronchitis, pleurisy, or pneumonia, its action should be sustained for a long time, over a considerable extent; the larger the tract of skin attacked, the greater is its influence on the organs beneath. Small mustard poultices are less useful, except to remove a localized pain. The poultice, diluted with bread or oatmeal, should be of a size sufficient to cover the front or back of the chest, or both, and should be continued for five, six, or more hours. There is a prevalent idea, perhaps a true one, that the action of cantharides is more searching, and affects the deeper parts more thoroughly.

In bronchitis the whole chest of a child should be enveloped in a jacket-poultice, which may be retained in its place by the following contrivance:—The poultice is spread on a piece of linen, sufficiently large for the purpose, to which tapes are tacked; the tapes may be tied over each shoulder, and at three places in front of the chest. The poultice must be made with tepid water; boiling water evaporates the active principle, vinegar destroys it, and alcohol prevents its formation. On removing the poultice the skin should be sponged with warm water, or, if the smarting is severe, with ether, and then the application of a layer of cotton-wool, although for the first few minutes it aggravates the pain, soon subdues it altogether.

A general mustard-bath, when appropriately used, often does great good. Although almost exclusively used for children, it is just as serviceable for adults. It may be employed on the recession of the rash of any of the eruptive fevers, to bring it back to the skin. Again, in severe general bronchitis of children, this form of bath is of great service as a counter-irritant. A tablespoonful of mustard should be added to a bath sufficiently large for the child, who should be held in it by the nurse till her arms tingle and smart.

In cases of arrested catamenia a mustard sitz-bath may be used to redden and irritate the skin of the buttocks and thighs, a few days before, and during the time the missing discharge is due. A course of mustard-baths assists considerably the restoration of the uterine functions.

Added to a hot foot-bath, mustard is used to relieve headache, congestion of the head, and inflammations of the internal organs. A mustard poultice, or the more convenient mustard leaf, covered with one, two, or three folds of muslin, according to the susceptibility of the patient to the action of the poultice, applied to the nape of the neck, is often serviceable in various forms of headache.

It excites in the stomach a sensation of warmth, and slight pain, which may be mistaken for hunger, giving rise to the notion that mustard sharpens the appetite, and promotes digestion; but it has been proved that mustard does not increase the secretion of gastric juice.

It is strange that a substance which acts so powerfully on the skin should affect so slightly the mucous membrane of the stomach; considerable quantities may be swallowed without other effect than the production of nausea and sickness. The mild action of mustard on the mucous membrane cannot be explained by its expulsion by vomiting; for, even when retained, it excites only a little catarrh of the stomach. Mustard is used as an emetic when no other is at hand, and when no time is to be lost. Cases of obstinate and even dangerous hiccup are reported which have been immediately cured by drinking an infusion made with a teaspoonful of mustard steeped in four ounces of boiling water for twenty minutes, and then strained.

Mustard appears to have very little action on the intestines, beyond making the motions moister.

With many persons even a very small quantity of mustard, or pepper, or capsicum, greatly increases the pain of piles, and excites severe itching of the anus. Piles are, indeed, a delicate barometer, as it were, and patients find that they immediately tell them when they have transgressed, even in a slight degree, their restrictive rules. Thus a little excess of food, too rich in fat, a glass of champagne etc., will, inevitably, aggravate the condition of their piles next morning, which become swollen, painful, and protruding.

Some of the active principle passes into the blood, but the action of sinapine on the organs is unknown. It is reputed to be diuretic, but this is doubtful; moreover, its advocates fail to discriminate the cases in which it is supposed to be beneficial.

It is said to be useful in whooping-cough.

CAPSICUM.

Capsicum irritates and inflames the skin, producing redness, a sensation of warmth or burning, and even vesication, but its preparations are rarely employed as rubefacients. The tincture is sometimes lightly painted over unbroken chilblains, but it is inferior to the ointment of iodine. The following capsicum preparation of Dr. Rheims is highly lauded for chilblains :—

"Make a strong tincture of capsicum pods by steeping them for several days in a warm place, in twice their weight of rectified spirits of wine. Dissolve gum arabic in water to about the consistency of treacle. Add to this an equal quantity of the tincture, stirring it together with a small brush, or a large camel's hair pencil until they are well incorporated. The mixture will be cloudy and opaque. Take sheets of silk or tissue-paper, give them with the brush a coat of the mixture ; let them dry, and then give another. Let that dry, and if the surface is shining, there is enough of the peppered gum ; if not give a third coat. This paper, applied in the same way as court-plaister to chilblains that are not broken, and burns that are not blistered, speedily relieves the itching and the pain. It acts like a charm, and effects a rapid cure. The same with discoloured bruises. It likewise allays rheumatic pains in the joints." (Vide Iodine.)

My friend, Mr. Henry Buck, employs capsicum in recent lumbago, neuralgia, toothache, rheumatic pains, and acute torticollis. He infuses a large handful of crushed capsicum pods in a pint of hot or cold water for thirty-six hours ; he applies a piece of lint soaked in this liquid to the affected part, covering it with thin gutta-percha. It never vesicates, and, indeed, a stronger preparation may be used. The effects, he says, are often very striking; for instance, it cures acute torticollis in ten minutes. A quack doctor in the West of England, who told his secret to Mr. Buck, had long and successfully employed this preparation.

Powdered capsicum thickly sprinkled on a moist handkerchief, or on a piece of moist brown paper, applied to the skin is a pleasant, soothing counter-irritant, which seldom produces redness.

Preparations of capsicum have a burning tingling taste, and act on the mucous membrane as on the skin. The tincture, as a gargle, in the proportion of a drachm to half a pint of water, is useful in some sore-throats, and may be applied under the same conditions which indicate the use of nitrate of silver. Thus, in the very early stage of tonsillitis or pharyngitis, either of these substances, which

acts as an irritant, will check the inflammation; but when the deep parts become involved, and the tissues much swollen, irritants of any kind do great harm. In malignant sore-throat, capsicum gargle may be used with advantage to stimulate the tissues into a healthier condition, and here, again, its action is similar to that of nitrate of silver. In relaxed throat, when the mucous membrane is bathed with a grey mucus, or with pus, the same gargle may be employed, although it is probably not superior to the glycerine of tannic acid.

In the stomach it acts as an irritant, and, in large quantities, will produce gastro-enteritis. It is often used as a condiment to spur digestion, but whether it is effective in this respect is undetermined. The stomach becomes accustomed to capsicum, and at last large quantities must be eaten to produce any effect.

I can endorse Dr. Lyon's strong recommendation of capsicum in dipsomania. Ten-minim doses of the tincture obviate the morning vomiting, remove the sinking at the pit of the stomach, the intense craving for stimulants, and promote appetite and digestion. It should be taken shortly before meals, or whenever there is depression and craving for alcohol. Capsicum also induces sleep, especially in the early stages of delirium tremens. Dr. Lyon sometimes gives twenty or even thirty grains made into a bolus with honey, and repeats the dose in three hours if the first fails to induce sleep. He says this quantity does not disturb the stomach.

Capsicum is often useful to dipsomaniacs, to enable them to overcome their pernicious habit. By removing the sinking at the pit of the stomach it often enables the drunkard to resist the drink-crave. A draught composed of ten minims of tincture of capsicum, ten grains of bromide of potassium, a drachm of spirits of ammonia, taken several times daily, is very serviceable; or the bromide of potassium may be omitted, and replaced with two minims of liquor arsenicalis, or by a few drops of tincture of nux vomica or tincture of orange-peel.

Capsicum is very useful in summer diarrhœas, and in diarrhœas persisting after the expulsion of the exciting irritant. It is used in flatulence.

IPECACUANHA AND ITS PREPARATIONS.

When applied to the skin, ipecacuanha after some time produces a sensation of warmth, attended with redness, and the formation of papules; sometimes it even produces pustules, which on healing are not followed by pitting or scarring.

It has a disagreeable bitter taste, and excites the flow of saliva.

In some persons the minutest quantity produces peculiar effects on the membrane covering the eyes and lining the nose and respiratory tract. On smelling the drug, or even entering a room where it is kept, they are affected with swelling of the loose tissues around the eyes, with injection of the conjunctiva, repeated sneezing, abundant discharge from the nose, severe tensive frontal pain of the head, much oppression at the chest, with frequent cough, and the signs and symptoms of bronchitis. Ipecacuanha thus excites symptoms and appearances similar to those occurring in hay fever; that is, it excites a certain catarrhal inflammation in the mucous membranes. It is highly probable that ipecacuanha produces similar results in all persons, and that its action on individuals differs only in degree. Indeed, it is probable, as we shall see, that ipecacuanha affects all the mucous membranes.

Small doses produce in the stomach a slight sensation of uneasiness, with increase of mucus, whilst larger doses excite nausea and a still greater secretion of mucus from the stomach and from the bronchial tubes. Increase of mucus, indeed, occurs with all nauseating medicines, but probably ipecacuanha excites the secretion of mucus independently of its action as a nauseant and emetic. In animals large doses are stated to produce inflammation of the mucous membranes of the stomach, intestines, and bronchial tubes.

Ipecacuanha is frequently used in catarrh of either the stomach or lungs. It is especially useful when the secretion from the lungs is abundant and tenacious.

In larger doses it produces both nausea and vomiting, and, like all other emetics, some general weakness, with sweating; and if there is any spasm, relaxation of it. Thus, in nauseating doses, the drug is both diaphoretic and antispasmodic.

It is a mild, tardy, but certain emetic. It produces repeated vomiting, unaccompanied by much nausea or prostration; in these respects, and also in its slighter action on the bowels, it differs from tartar-emetic. Its tardy action renders it an unfit emetic in cases of poisoning, when the sulphates of zinc or copper are to be preferred.

M. Chouppe, who has investigated the action of emetics, finds that after section of the pneumogastric nerve, the injection of apomorphia or tartar-emetic into a vein, excites vomiting as quickly and abundantly as when the nerve is uncut, whilst emetin does not excite vomiting. As regards emetin, Dr. Dyce Duckworth's experiments with this drug lead him to a similar conclusion. M. Chouppe concludes that apomorphia and tartar-emetic act directly on the vomiting centre, and that emetin acts through the termination of the pneumogastric nerve.

On account of its slight irritant action on the mucous membrane of the stomach, and perhaps by virtue of the strong movements it

produces in that organ when it excites vomiting, ipecacuanha is found useful in irritative dyspepsia, both of the acute and chronic kind. With some practical authorities it is a favourite plan to give occasionally in such cases ipecacuanha in emetic doses. It is sometimes given to produce vomiting in the bronchitis of children, where the patient breathes with difficulty from the presence of mucus in the bronchial tubes. The movements of vomiting expel much mucus mechanically, and temporarily improve the breathing. From its mildness ipecacuanha is fitted for such cases, and as an emetic for delicate persons.

The quantity required to excite vomiting varies greatly, the smallest quantity being sufficient for some, while others find large doses inoperative. As a rule, children require large doses, and babies only a few months old may need ten or twenty grains of the powder.

Few remedies are so efficacious as ipecacuanha in checking certain kinds of vomiting. In numerous instances I have witnessed the efficacy of drop doses of the wine administered every hour, or three times a day, according to the urgency of the case, in checking the following kinds of sickness :—

1. It will check the vomiting of pregnancy. This vomiting is not always of the same kind. In some cases it occurs only in the morning, and is excited by the first waking movements. This form will in most instances yield to ipecacuanha, taken in the way described; but should it fail, the administration of the medicine to the patient on waking, and sometimes before any movement is allowed, will generally give relief. In other instances, the vomiting occurs not only in the morning, but frequently during the day, recurring whenever food is taken, and may be so severe that the stomach rejects all nourishment, while during the intervals of meals there may be constant nausea and great loathing of all kinds of food. Vomiting and nausea of this kind, ipecacuanha will, in most instances, immediately arrest, when the appetite will return, and the stomach will then bear almost any kind of food. Ipecacuanha may check the nausea and vomiting, with the exception of the early morning attack, but on taking a dose immediately on waking this early sickness too will generally cease, though in some cases it defies treatment.

In other instances the early morning vomiting may be absent, and the attack may occur only on taking food, increasing in severity as the day advances, and becoming most severe in the evening. Should ipecacuanha, as is sometimes the case, fail to check this form of sickness, nux vomica will often give relief.

In some pregnancies, besides the sickness and nausea, there is much heartburn, and perhaps great flatulence, symptoms which in many cases yield quickly to ipecacuanha; but here again, should this remedy fail, nux vomica will generally afford relief, though

the symptoms yield more surely to both remedies. It is singular that while ipecacuanha will remove, in pregnant patients, excessive flatulence, co-existing with sickness, yet if the flatulence occurs without sickness this medicine is generally unavailing, and recourse must be had to nux vomica, charcoal, sulphurous acid, or sulpho-carbolate of soda; and of all these drugs most reliance is to be placed on the sulpho-carbolate, in doses of five to fifteen grains dissolved in water, and administered immediately after a meal.

It has been stated that, in some instances, nux vomica succeeds when ipecacuanha fails; and this is notably the case when the tongue is coated with a creamy fur, when the stomach is out of order, and when there is much acidity and heartburn. In such cases both nux vomica and ipecacuanha may be given simultaneously.

It must be confessed, however, that in certain instances, at present unexplained, ipecacuanha fails to afford the expected relief. In such cases vomiting is possibly kept up by a displacement of the uterus, or by a chronic inflammation of this organ, or of its cervix, or os, as was long since pointed out by Dr. Henry Bennett, when of course the treatment should be directed to the removal of these conditions.

2. Some women, who during pregnancy are untroubled with nausea and vomiting, yet suffer with both these symptoms during the whole or part of the time of suckling. These symptoms usually begin after the first few weeks of suckling, and continue till the child is weaned, and may be so severe, and produce so much exhaustion, as to compel the mother to wean her child prematurely. Great flatulence may accompany the nausea and vomiting. Drop doses of ipecacuanha wine, administered three times a day, will commonly soon cure these symptoms.

3. Similar troubles to those just pointed out afflict some women at each menstrual epoch, occurring immediately before, during, or directly after the period. These cases, too, will generally yield to ipecacuanha.

4. The morning vomiting of drunkards; but this morbid state is more effectively controlled by arsenic.

5. The morning vomiting which sometimes accompanies general weakness, and is met with in convalescents from acute diseases.

6. Ipecacuanha will often at once control the vomiting in children, with acute catarrh of the stomach. Indeed, this remedy appears to exercise greater influence over the vomiting of children than over that of adults.

Arsenic succeeds admirably, likewise, in removing the vomiting of acute stomach catarrh; and either remedy may advantageously be given with aconite, to subdue the inflammation, and reduce the fever.

7. In whooping-cough ipecacuanha often removes or lessens the vomiting, when this is occasioned by the violence of the cough, although its severity may in no degree be lessened. Cases of vomiting from this cause occur, which are unaffected by ipecacuanha, but which yield immediately to alum. (See Alum.)

8. A species of vomiting occurs after meals, without nausea or pain, or even discomfort, the food being merely rejected partially, or often very little digested. This condition may persist a considerable time, but ipecacuanha wine, in many instances, quickly cures it. Arsenic, however, is a still better remedy.

Ipecacuanha, in my experience, proves of little use in the following forms of vomiting :—

(*a.*) In children, where the vomited matters are composed of large hard lumps of curdled milk. In such a case, when diarrhœa is present, lime-water mixed with the milk is the best remedy, but if the child is constipated, bicarbonate of soda should be substituted for the lime-water ; and, should these remedies both fail, milk must be altogether excluded from the diet.

(*b.*) Ipecacuanha is not generally useful in that form of vomiting met with in young children a few weeks or months old, who almost immediately after the ingestion of milk, reject it with considerable force, either curdled or not, perhaps through both nose and mouth. At the *post-mortem* examination nothing may be discovered to explain this fatal form of vomiting ; but sometimes the mucous membrane of the stomach is extremely soft, and looks as if made of water arrowroot. This form of vomiting is best treated by hourly small doses (one-third of a grain) of grey powder, or by calomel (one-tenth of a grain).

(*c.*) In hysterical vomiting.

Ipecacuanha is sometimes effective in checking the vomiting from cancer of the stomach, and has succeeded sometimes after the more commonly used remedies have entirely failed.

I have several times met with cases where the symptoms may be compared to rumination. The food, quite tasteless, has simply regurgitated into the mouth, without any effort at vomiting. These patients often chew the food a second time and swallow it without distaste. There may be no other symptoms, though, so far as I have seen, this regurgitation occurs generally when the health is disordered. I have seen ipecacuanha or arsenic promptly remove this regurgitation, though it may have continued, with intermissions, for months or years.

Emetine excites in dogs diarrhœa, and even dysenteric stools. Ipecacuanha excites an increased production of mucus in the mucous coat of the intestines, and becomes in this way slightly purgative, and is reputed to assist the action of other purgative medicines, as jalap. It is also stated that a grain of powdered ipecacuanha each

morning, while fasting, will relieve constipation depending on great torpor of the intestines. The same treatment, it is said, will remove the dyspepsia frequently associated with constipation, and characterized by depression of spirits, some flatulence, coldness of the extremities, and by the food lying on the stomach "like a heavy weight."

Rutherford, in his experiments on fasting dogs, finds ipecacuanha, when mixed with bile and introduced into the duodenum, a powerful hepatic stimulant. He employed sixty grains, which did not purge, but it increased the mucus of the intestinal canal.

It is well known that this drug is largely and beneficially employed in dysentery. In some epidemics it answers admirably, while in others it appears to fail. Large doses are required, and will often succeed where small ones fail. Sixty to ninety grains of the powder are given at a dose, and repeated if required, oftentimes without the production of either nausea or sickness; but these symptoms, should they arise, may generally be obviated, if the patient, after taking the drug, will remain quietly on his back. In chronic cases not requiring prompt treatment, it is a good practice to administer the first dose at night when the patient has gone to bed. Should the first few doses excite sickness, it soon passes away on persevering with the medicine.

E. S. Docker, who has had a very large experience of this treatment, extols ipecacuanha. He states that its effects in suitable cases are almost instantaneous, the motions in the very worst cases becoming natural in frequency and character. Ninety grains of the powder cut short at once very severe attacks of dysentery, not only restraining the discharge off-hand, but freeing the patient from pain immediately, while inducing natural stools without straining or griping. The disposition to relapse, so common in acute dysentery, is not observed after the ipecacuanha treatment; and there is no need for after-treatment; nor for any great precautions concerning the quality of the food. After a large dose, as sixty or ninety grains, Docker recommends an interval of ten or twelve hours before repeating it, and should the bowels meanwhile remain quiet, to forego the medicine altogether. It is recommended to inject ipecacuanha, especially when the stomach rejects it.

An injection three or four times a day, of half a drachm or a drachm of powdered ipecacuanha suspended in a small quantity of fluid, into the rectum, is very useful in acute and chronic dysentery.

The dysenteric diarrhœa of children, whether acute or chronic, will generally yield speedily to hourly drop doses of ipecacuanha wine. The especial indication for this treatment are slimy stools, green or not, with or without blood. Vomiting, if present, as is commonly the case, affords an additional reason for the adoption of this treatment. After the first or second dose of the medicine, and generally before

the diarrhœa is checked, the sickness will often cease. Sometimes it happens that although the ipecacuanha abates the number and the dysenteric character of the evacuations, yet supplementary treatment may be required.

The active principle of ipecacuanha, without doubt, enters the blood, and we have next to consider its action on the distant organs of the body.

It produces an increased secretion from the bronchial mucous membrane. Some maintain that this occurs only when ipecacuanha excites nausea, and that the action of the drug is solely due to the production of this physiological state; for it is well known that during nausea an increased secretion takes place from most of the surfaces of the body, including the respiratory mucous tract. Others consider that it can affect this mucous membrane irrespective of the production of any sensation of sickness, and that this is the correct view is borne out by the powerful effect of even a minute quantity of this medicine on the bronchial tract of some persons, though the same dose may fail to produce sickness, or even nausea.

Rossbach, in his experiments on animals with the trachea exposed, finds that emetin, apomorphia, and pilocarpine administered through the blood increases the tracheal secretion, whilst atropin and its allies act in the reverse way.

Ipecacuanha in the form of wine is of almost constant use in bronchitis, when the expectoration is profuse and difficult to expel.

The successful use of a secret remedy by a well-known practitioner induced me, in conjunction with Dr. William Murrell, to try the effect of inhalations of ipecacuanha spray in those obstinate complaints, winter cough and bronchial asthma. Our observations were made during January and February, and whilst undergoing this treatment the patients took only coloured water, and continued their usual mode of living in all respects. First, regarding winter cough, we made observations on twenty-five patients, whose ages varied between 45 and 72, with one exception, that of a woman of 32 years, and we purposely selected severe cases. The following general description of a typical case will serve in most points to illustrate the condition of them all:—The patient had been troubled with winter cough, perhaps for many years. During the summer he is pretty well, but during the cold months, from October to May, he suffers sometimes without any intermission, occasionally getting a little better, and then catching cold; or perhaps he may lose his cough for a few weeks, but again takes cold on the slightest exposure. So short is the breathing that he can walk only a few yards, especially in the cold air, and finds it very hard work to get upstairs, and is often quite unfitted for active life. The breathing grows worse at night, so that he cannot sleep unless with the head propped up with several pillows. He is troubled, too, with a paroxysmal dyspnœa, usually at

night, which may last several hours and constrains him to sit up. Sometimes the breathing is difficult only on exertion, and in most cases fogs, east winds, or damp, make it much worse. The expectoration, generally difficult to expel, varies greatly. In a few cases there is very little; usually, however, it is rather abundant, often with little or no rhonchus. The cough is very violent, frequent, hacking, and paroxysmal, and the fits may last ten to twenty minutes, and even excite vomiting. They are generally brought on by exertion; nay, in bad cases, so easily are they provoked, that the patient is afraid to move, or even to speak. The cough and expectoration are much worse in the morning on waking. Sometimes the cough is slight, and the expectoration is generally scanty, the distressed breathing being the chief symptom. The patient generally wheezes loudly, especially at night. In a bad case the legs swell, the patient is emphysematous; there is often no rhonchus, or only sonorous and sibilant, or a little bubbling rhonchus at both bases.

In this common but obstinate complaint our results have been very striking, although so bad was the breathing in many of our patients that, on being shown into the out-patients' room, they dropped into a chair, and for a minute or so were unable to speak, except in monosyllables, having no breath for a sentence. We used the ordinary spray producer with ipecacuanha wine, pure or variously diluted. At first it sometimes excites a paroxysm of coughing, which generally soon subsides, but should it continue a weaker solution should be used. The patient soon becomes accustomed to it, and inhales the spray freely into the lungs. At first a patient often inhales less adroitly than he learns to do afterwards, as he is apt to arch his tongue so that it touches the soft palate, and consequently less spray enters the chest than when the tongue is depressed. The spray may produce dryness or roughness of the throat, with a raw, sore sensation beneath the sternum; and sometimes it causes hoarseness, whilst, on the contrary, some hoarse patients recover their voice with the first inhalation. As they go on with the inhalation they feel it getting lower and lower into the chest, till many say they can feel it as low as the ensiform cartilage.

The dyspnœa is the first symtom relieved. The first night after the spraying the paroxysmal dyspnœa often improves, and the patient gets a fair night's rest although for months before shortness of breath and coughing had much broken the sleep. The difficulty of breathing on exertion also quickly abates, for often after even the first administration the patient walked home from the hospital much easier than he came to it; and this improvement is continuous, so that in one or two days, or a week, the patient can walk with very little distress, a marked improvement takes place immediately after each inhalation, and although after some hours the breathing may again grow a little worse, some permanent improvement is gained, unless the patient

catches a fresh cold. I have heard patients say that in a week's time they could walk two miles with less respiratory distress than they could walk a hundred yards before the use of the spray. In some instances two or three days' daily spraying elapses before any noticeable improvement takes place, this comparatively slow effect being sometimes due to awkward inhalation, so that but little ipecacuanha passes into their bronchial tubes. The effect on the cough and expectoration is also very marked, these both greatly decreasing in a few days, though the improvement in these respects is rather slower than in the case of the breathing; sometimes for the first few days the expectoration is even rather increased; it speedily alters in character, so that it is expelled much more readily, and thus the cough becomes easier, even before the expectoration diminishes. The patient is soon enabled to lie down at night with his head lower, and in a week or ten days, and sometimes earlier, can do with only one pillow, an improvement which occurs in spite of fogs, damp, or east winds, nay, even whilst the weather gets daily worse, and when the patient is exposed to it the chief part of the day. These patients all came daily to the hospital. Of course it would be much better to keep a patient in a warm room.

Of the twenty-five cases all were benefited except one. In one case the improvement was very gradual, but each inhalation produced evident temporary improvement. In twenty-one cases the average number of inhalations required was 9·4, and the average number of days was twelve before the patients were discharged cured. The greatest number of inhalations in one case was eighteen and the smallest three. The case longest under treatment required twenty-four days, the shortest four.

In order to ensure, as far as possible, only the topical effects of the ipecacuanha spray, we were careful to direct the patient to spit out, and even to rinse out the mouth at each pause in the administration for far more wine collects in the mouth than passes into the lungs. If this precaution is not adopted, sometimes enough is swallowed to excite nausea, and even vomiting, by which means the bronchial mucus is mechanically expelled, and of course in this way effects temporary improvement. Even when this precaution is observed a protracted inhalation will excite nausea, and sometimes vomiting, by the absorption of the wine by the bronchial mucous membrane; though, strange to say, vomiting, when thus induced, was long delayed, even for several hours, nay, sometimes till the evening, though the inhalation was used in the morning. In our cases, however, the improvement was not due to the nauseating effects of the spray, for we took care to avoid this contingency by administering a quantity inadequate to produce this result. The duration of each inhalation will depend on the amount of spray produced by each compression of the elastic ball, or on the susceptibility of the patient

to the action of ipecacuanha. As a rule, the patient at first will bear about twenty squeezes of the spray without nausea, and will soon bear much more. After two or three squeezes, especially on commencing the treatment, we must pause awhile. It is necessary to look at the patient's tongue, and tell him to learn to depress it; for if the tongue is much arched it will hinder the passage of the spray to the lungs. It is a good plan to tell the patient to close his nose with his fingers, and to breathe deeply. The inhalation should be used at first daily, and in bad cases twice or thrice in the day, afterwards every other day suffices, and the interval may be gradually extended. If the ipecacuanha wine is diluted, then the spray must be used a longer time. In cold weather the wine should be warmed.

We have tried the spray with very satisfactory results in a few cases of a more severe, though closely allied, disease, which may be thus summarized:—A patient has suffered for several years from severe "winter cough," with much dyspnœa, cough, and expectoration, and on several occasions has spat up a considerable quantity of blood. The physical signs denote slight fibroid consolidation, with excavation of both apices with much emphysema, perhaps atrophous in kind. There is little or no rhonchus, and no fever. The expectoration may be slight or very abundant, muco-purulent, or purulent. The dyspnœa is perhaps so very severe and is so paroxysmal as to justify calling the case bronchial asthma with emphysema and fibroid phthisis.

In this class of cases the ipecacuanha spray is almost as beneficial as in that just previously described. The spray soon controls the dyspnœa, thus enabling the patient to sleep, greatly lessens expectoration and cough, and by these means really improves the general health. As in the previous cases, the first inhalation may considerably improve the breathing, though the effects are not permanent, the dyspnœa returning in the evening, so that spraying is needed night and morning, and may be required for weeks or months, the ipecacuanha appearing rather to mitigate than to permanently cure the dyspnœa.

We have used this spray in cases of true and severe bronchial asthma, with very opposite results. In one severe case, accompanied by a great deal of bronchitis, it gave very great relief. The other patient, not so ill, had been all his life asthmatic, and on catching even a slight cold his breathing became greatly oppressed. In this instance each application of the spray considerably aggravated the dyspnœa, even when the wine was diluted with an equal quantity of water. Possibly a still weaker solution might have been borne, but we are inclined to think that in this case any quantity of ipecacuanha would have disagreed, as the tightness of breathing increased almost immediately on commencing the inhalation. The successful case was a very severe one. For years this woman had suffered from

bronchitic asthma, and when she applied to the hospital was unable to lie down, owing to violent paroxysmal dyspnœa. The worst attack began about 3 A.M., compelling her to start out of bed and struggle for breath. She was very emphysematous, the expiration enormously prolonged. She was very hoarse. The first inhalation removed the hoarseness in a few minutes, and much improved her breathing, which continued freer until midnight, when the dyspnœa returned. The cough became easier, and she expectorated more freely. Each inhalation always gave her very great and marked relief. She walked to the hospital with great difficulty, being constrained to stop frequently. On entering the room she could not speak, but laboured violently and with loud wheezing to get her breath. A few inhalations would gradually set the breathing free, so that air entered more and more freely, with gradual diminution of the wheezing, till, by the completion of the inhalation, she could breathe without difficulty. As the breathing improved she could feel the spray descending lower and lower in her chest. At first it would seem to reach only the back of the tongue, then the top of the sternum, then descend to mid-sternum, and at last she felt as if it reached as low as the pit of the stomach. This improvement was maintained through the day, but at evening a relapse would occur; yet her nights, though at first bad, were still decidedly better than before the treatment. Soon, however, the effects became more lasting, and she slept well. On discontinuing the spray, however, the breathing again grew worse, and she was obliged to revert to the treatment; but, unfortunately, she so easily caught cold, and so bad was the weather, that she was obliged to stay away for days together. Whilst her breathing improved, the cough and expectoration mended, but these two symptoms continued rather troublesome. So marked was the benefit from the spray that the patient and her friends expressed their astonishment, especially at the prompt relief it gave.

We have tried it in several additional cases of genuine asthma, but with unsatisfactory results; for in most cases it has considerably tightened the breathing to such an extent that patients have refused to give it a second or third trial.

We have continued to carry on our observations with ipecacuanha wine spray, and with results confirmatory of the statements made in the *Brit. Med. Journal*. We find, however, that some patients are very intolerant of ipecacuanha spray; it causes a good deal of irritation, and even tightness of breathing. It is advisable, therefore, at first to dilute the wine with one or two parts of water, a precaution especially needful for patients affected with much dyspnœa, with lividity; for the spray may for some hours much intensify the difficulty of breathing and the lividity, so as to alarm the patient and friends.

It may not be much out of place to mention here that, in several

instances, we have found the spray very serviceable in non-febrile inflammatory sore throat, the mucous membrane being swollen and very red. We have found it useful, too, in hoarseness from congestion of the vocal cords. Where the hoarseness has lasted a few days only, or one or two weeks, the spray often speedily cures; but where the hoarseness has persisted three months, or longer, the spray improves the voice considerably, but leaves some hoarseness.

The late Dr. Hyde Salter strongly recommended ipecacuanha in hay-asthma, and in other forms of asthma, employing it to cut short a paroxsym of dyspnœa. He thought that, in common with tobacco and antimony, it controls by virtue of its action as a depressant. He preferred it to the other two remedies just named, and gave it in doses large enough to cause depression, but too small to excite vomiting. Like other depressants, it must be given at the very beginning of the attack of dyspnœa, for the influence of the remedy is considerably less over a fully developed attack. He preferred the powder to the wine, and seldom gave less than twenty grains. This treatment, directed only against each attack of dyspnœa, leaves the complaint in other respects untouched, and more permanent relief must be sought in an appropriate diet and a suitable climate.

Dr. Hyde Salter enforced particular attention to the influence of diet on pure asthma. As persons prone to asthma suffer from tightness of the breath for some hours after a meal, and the smallest quantity of food greatly aggravates an attack of asthma, therefore the meals must be small and digestible. Asthmatic attacks occur commonly at night, seeming to be favoured by sleep; keeping awake often wards off an attack. The attacks are especially liable to occur after a late meal, therefore an asthmatic should take a light tea, and go without supper; in fact, should take no full meal after two o'clock. Breakfast should be the chief meal. Asthmatics must rise early, to avoid a too prolonged fast. Their food must be plain, well cooked, and nutritious. Milk and eggs form a good diet. Cocoa is better than tea, but milk is better than either. Mutton is preferable to beef or lamb, while pork and veal must be prohibited; new boiled potatoes, or succulent vegetables may be permitted. Fish is suitable. Cheese, dessert, preserved meats or fruits, must not be eaten, and stimulants of any kind are generally bad. Heavy malt liquors, especially those containing much carbonic acid, are the worst beverages. The quantity of food should not be large, although food does not produce the paroxysm by its bulk, as the attack generally occurs some hours after a meal, when the stomach is becoming empty. Most asthmatics may eat what they like at breakfast. Dr. Pridham, who has had great success in the treatment of asthma, and who long ago pointed out the importance of a regulated diet, orders the following regimen:—Breakfast, at eight, half a pint of tea or coffee, with a little cream, and two ounces of dry, stale bread. Dinner at one, two ounces of fresh beef or mutton, without fat or skin, two ounces of stale, dry bread, or well-boiled rice. Three hours after dinner, half a pint of weak brandy-and-water, or toast-and-water *ad libitum*. Supper, at seven, two ounces of meat, and two ounces of dry bread. He prohibits drinking for an hour before dinner or supper, and till three hours after meals. When digestion has improved, he allows three ounces of meat twice a day. Dr. Salter gives the following excellent remarks on the climates suitable for asthmatics:—

(*a*.) Residence in one locality will radically and permanently cure asthma resisting all treatment in another locality.

(*b.*) The localities most beneficial to the largest number of cases are large, populous, and smoky cities.

(*c.*) That this effect of locality depends probably on the air.

(*d.*) That the air which would be imagined to be the worst for the general health is, as a rule, the best for asthma ; thus the worst parts of cities are the best, and conversely.

(*e.*) This is not always the case, the very reverse being sometimes so.

(*f.*) That there is no end to the apparent caprice of asthma in this respect.

(*l.*) That possibly there is no case of asthma that might not be cured if the right air could be found.

(*m.*) That the disposition is not eradicated, but merely suspended.

Brunton states that emetine hypodermically injected paralyzes the vessels and greatly lowers arterial pressure even whilst the heart contracts strongly, next it paralyzes the heart, arresting it in diastole. This statement is in opposition to the result Dr. Duckworth obtained in his experiments.

In many cases of whooping-cough ipecacuanha will often lessen the severity and frequency of the paroxysms, and frequently arrest the attendant vomiting. Dr. Phillips, and some other observers, consider ipecacuanha especially useful when the attacks of coughing are accompanied by retching and vomiting. Like other whooping-cough remedies, ipecacuanha often fails in cases apparently in all respects similar to those it benefits, and in certain epidemics it appears to be all but useless.

It is also supposed to be a diaphoretic. Of course it excites sweating when it excites nausea ; but even irrespective of this condition it may perhaps be a diaphoretic.

It has been highly praised for its efficacy in hæmorrhages, as in epistaxis,* bleeding from the lungs or womb, and the flooding after delivery. Some of its advocates give even drachm doses of the powder.

In flooding after delivery Higginbotham recommends ipecacuanha in quantity sufficient to produce vomiting, and to this effect he ascribes its great efficacy in arresting hæmorrhage. In his hands this treatment succeeded in the most desperate flooding cases ; but it may well be doubted whether, beyond its emetic effect, ipecacuanha exerts any influence over uterine hæmorrhage. Zinc would probably answer equally well. Dr. George Bird tells me that he once witnessed, in the case of a Syrian Jewess, the prompt suppression of flooding by the nurse, who crammed down the patient's throat a handful of her hair. Probably the mechanical excitation of vomiting would prove useful in flooding.

Ipecacuanha acts more surely as an emetic when given in divided doses, at short intervals ; as five grains in a little warm water every five or ten minutes.

* Dr. Martin, of Geneva, arrests epistaxis (the blood generally coming from one nostril) by compressing the facial artery of the side upon the upper jaw, near the nose, thus lessening the supply of blood to the nose.

APOMORPHIA

was obtained by Mathieson and Wright, and first tested experimentally by Dr. Gee, who discovered it to be a very prompt and certain emetic.

It first excites the cerebrum, producing delirium, and then paralyzes it.

Reichert finds that the sensory and motor nerves are first stimulated and then paralyzed. According to Reichert and Harnsch apomorphia is a muscle poison. It paralyzes the heart, and first stimulates and then depresses the vaso-motor centre, and thus reduces arterial pressure (Reichert). A large dose first accelerates and then slows the heart. It increases the frequency of respiration, which afterwards grows very shallow and unfrequent; this effect is due to the action of the drug on the respiratory centre.

It readily excites vomiting without nausea, a tenth of a grain given hypodermically acting often in one or two minutes. It acts probably on the centre for vomiting. It increases the bronchial secretion.

It is used hypodermically chiefly in cases of poisoning when it is necessary to produce prompt and certain vomiting, as in cases of drunkenness, opium poisoning, etc. In such case one-fourth of a grain should be employed. It sometimes dangerously depresses children.

It is useful in some hysterical affections.

It cured a case of persistent hiccup when hypodermic injection of morphia and atropia had failed.

Weill confirms Gee that it is useful in chorea. Ludwig and Burgmeister show that apomorphia is a topical anæsthetic equal to cocaine, as far as the eye is concerned, but it induces vomiting and salivation by absorption. Six to twelve drops of 2% solution are needful. The application is painful.

VERATRUM VIRIDE.

contains several alkaloids, chiefly jervia and veratroidia (now shown to be a mixture of alkaloids and resin), and these differ somewhat in their physiological action. The action of these alkaloids has been elaborately studied by Professor H. Wood.

In small dose the crude drug first reduces the force with much diminution in the frequency of the pulse, which then grows unfrequent, and may fall to half its natural number. At this time exertion induces very great frequency, the pulse becoming feeble, thready, even imperceptible. A poisonous dose induces a very rapid thready, pulse, cold clammy skin, nausea and vomiting, great muscular prostration and partial unconsciousness.

Wood finds that jervia directly affects the heart either through its ganglia, or by its action on the muscular substance. It powerfully depresses the vaso-motor centre, and the spinal cord. Veratroidia is

more irritating than jervia, and induces vomiting and occasionally purging, though the muscular twitchings and convulsions are less. It differs from jervia in powerfully paralyzing the respiratory centre, hence after poisoning, unless artificial respiration is maintained, arterial pressure becomes greatly heightened; but with artificial respiration, arterial pressure steadily falls as it does with jervia. Wood, speaking of the crude drug, says, "veratrum viride is a powerful spinal and arterial depressant, exerting little or no influence upon the cerebral centre. In full therapeutic doses it lowers the pulse rate, both by a direct action on the muscle (jervia), and by stimulating the inhibitory nerves (veratroidia); it diminishes the force of the heart's beat by a direct influence on the cardiac muscle (jervia), and produces a general vaso-motor paralysis (jervia)."

Veratrum has been said to lower the temperature in health; but, according to the late Dr. Squarey's observations, this is not the case.

Veratrum viride has been employed in the convulsions of children, chorea, typhoid fever, scarlet fever, measles, pneumonia, and pleurisy. In regard to pneumonia and pleurisy, some authorities consider that veratrum is useful only in the sthenic forms, acting then like tartar-emetic or aconite; others, however, as confidently recommend this remedy in the asthenic forms. The tincture of veratrum viride should be used, since veratria does not produce the same effects.

In the treatment of the foregoing diseases it is better to give small doses, as one or two minims every hour, rather than larger ones at longer intervals. It is requisite to augment the dose gradually in order to keep the pulse down, otherwise it will sometimes suddenly rise to 120 or 140 beats, which, however, a small increase of the dose will reduce again in a few hours.

Veratrum is said to be efficacious in removing the pain of acute rheumatism, and in controlling and shortening the fever. It is also said to be of service in neuralgia, sciatica, and lumbago, and in the "congestive headache" which occurs at the menstrual period.

Veratrum album has been used with success in the vomiting and purging of summer diarrhœa.

Veratrum viride is now very little used, hence it is probable that the accounts of its usefulness were very much overdrawn.

VERATRIA.

This alkaloid is obtained from the seeds of veratrum sabadilla.

Veratria (from Sabadilla seeds) is an irritant, and excites sneezing, vomiting, purging, violent twitchings, and convulsions, and afterwards great muscular weakness with loss of electric irritability. The

pulse at first is quickened and strengthened, then slowed, and afterwards becomes quick, weak, and irregular. The twitchings and convulsions are due probably in part to the effect of the veratria on the muscles, and partly on the cord.

The twitchings and convulsions are not produced by the action of veratria on the brain, as they occur after section of the spinal cord. They are partly due to the direct action on the muscles, for they take place when the cord is destroyed, and in animals whose nerves are paralyzed by curare.

Veratria is a powerful muscle poison, and curiously affects the character of the contraction, acting in this respect much like calcium salts and alkaline soda salts, as phosphate of soda and sodium bicarbonate; on stimulation the muscle contracts and relaxes, or partially relaxes, like a normal muscle, but then rapidly contracts again and becomes very slowly relaxed. On repeating the stimulation this effect of veratria speedily ceases, and some time must be allowed before the muscle regains its original condition. This affection of the muscle causes the movements of the animal to be stiff and awkward. Sometimes the muscular contraction persists so long as to suggest tetanus of the cord, as after strychnia, but that this effect of veratria on the muscle occurs when the limb is separated from the trunk. In frogs under the influence of veratria marked fibrillary contractions occur, looking much like the fibrillary contractions in progressive muscular atrophy. These fibrillary contractions in the frog must be due to the action of the poison either on the muscle or on the motor nerves, for they occur in an amputated limb on stimulating the nerve. Since they almost disappear when curare is administered, these twitchings are probably due to some alteration in the motor nerves.

Veratria affects the cardiac muscle much as it does the skeletal muscle, but is less poisonous to the heart than to voluntary muscle. In a cardiac contraction it greatly delays diastolic dilatation, also reparation, and induces irregular rhythm.

Veratria ointment excites a sensation of warmth and pricking, followed by coldness. Unless applied for some time it does not excite inflammation, but it then produces a red itching rash. It is a very efficacious remedy in neuralgia, and, like aconite, has most influence over neuralgia of the fifth nerve. An ointment of the Pharmacopœial strength is generally strong enough when applied to the face, but in other neuralgias a stronger ointment is required. Dr. Turnbull, who largely employed veratria ointment, used a preparation containing twenty and sometimes even forty grains to the ounce. These strong ointments not uncommonly prove very useful in sciatica when rubbed along the course of pain for twenty minutes to half an hour, twice or three times a day. This strong ointment is sometimes useful in the neuralgic pain consequent upon shingles. The susceptibility to its action varies; thus, in some persons, it

readily produces numbness and a sensation of coldness, which may last several days.

Like aconitia ointment, it is useful in sick headache, where the pain is accompanied and followed by tenderness of the skin. It should be well rubbed over the seat of pain on the very commencement of the attack. It excites less irritation, and sometimes succeeds better than the aconite, sometimes very quickly subduing the pain, preventing the vomiting, and reducing the duration of an attack to one or two hours, or even to a few minutes, while previous to the veratria treatment it used to last one, two, or three days.

Dr. Turnbull used a strong ointment to rheumatic joints, and no doubt it relieves some cases, although, unfortunately, it more generally fails.

Turnbull also applied the ointment to the chest of patients suffering from heart disease, with rapid irregular pulse, hurried breathing, much lividity and dropsy, palpitation and inability to lie down —to cases indeed usually benefited by digitalis. These symptoms the ointment not uncommonly relieved, the patients passing a large quantity of urine, even six pints a day. He likewise employed a strong ointment to the painful joints at the onset of an attack of gout. Care must be taken, especially with the stronger ointments, not to apply them to the broken skin, or they will excite much pain and inflammation.

When sniffed up the nose the smallest quantity excites violent sneezing, sometimes lasting for hours.

The alkaloid passes readily into the blood, as is sufficiently proved by the symptoms it occasions: dull, heavy, frontal headache, sometimes accompanied by shooting or stabbing pain over one or both brows, in the pit of the stomach, and at the region of the heart. The heart is greatly affected; for the pulse grows slow and weak, and may sink from 70 or 80 to 40 or 35 beats in the minute, becoming at the same time so feeble as scarcely to be felt at the wrist. Pushed to the full extent, this drug greatly prostrates the muscular strength—to the extent, perhaps, of rendering walking impossible, and the muscles may twitch and jerk spasmodically. The surface is bedewed with a clammy sweat, the features are pinched, and there may be complete blindness and deafness, but delirium is rare. Dangerous as these symptoms appear, yet they speedily pass away if the drug is discontinued. Some self-experimenters have experienced dull aching pains, made worse by movement, and tonic and atonic contractions of the muscles, sometimes violent, especially of the face and extremities. This substance has the same prostrating effect on birds, and in America is sometimes used to destroy these animals; it makes them too weak to fly, and thus they are easily caught; but if left awhile, the effects of the drug pass off, and they escape.

COLCHICUM.

While the physiological effects of colchicum are very similar to those of veratrum, yet one drug cannot be therapeutically substituted for the other.

Strong preparations of colchicum, applied to the skin, irritate, excite redness, pricking and smarting, and the powder of colchicum sniffed up the nose excites sneezing and watery discharge from the eyes and nose.

Colchicum is acrid to the taste, produces much irritation of the fauces, with increase of saliva, sometimes in such quantity as might well be termed salivation.

Colchicum is an irritant to the stomach and intestines, and produces its effects, whether swallowed, or injected into the veins.

Small doses, continued for some time, produce a coated tongue and disagreeable taste, impair the appetite, excite more or less thirst, with pain at the epigastrium, rumblings of the stomach, and looseness of the bowels.

Should vomiting occur, the ejected matters are bilious, or composed of mucus, and after a large dose may contain blood. The stools are soft, or even liquid, and of a high colour; but after a large or poisonous quantity they are at first of the character just mentioned, but afterwards become dysenteric, consisting of slime and blood, accompanied with much straining and cutting pains in the belly. Even when injected under the skin colchicum affects the intestinal canal in the same way.

Colchicum is rarely used in diseases of the alimentary canal. It has been employed as a cholagogue. Rutherford, in his investigations, finds that colchicum in large doses given to fasting dogs considerably increases the biliary secretion, and at the same time purges powerfully.

Colchicum, it is supposed, is most serviceable in both gout and rheumatism when it purges; but others hold purgation to be not only unnecessary but injurious; and there is no doubt that colchicum will as quickly cure an attack of gout without purging.

Colchicum quickly enters the blood, and in full doses soon excites warmth at the stomach, with a glow and outbreak of perspiration of the whole service of the body, throbbing of the vessels, and reduction of the force and frequency of the pulse.

Poisoning by this plant, or its preparations, produces profound prostration, sometimes pain in the head, pinched features, perspiration, clammy skin, small, weak, or intermittent quick pulse, and not unfrequently strong muscular twitchings, accompanied by pain; in-

deed, pains have been felt in all the extremities. Colchicum is said to cause pain in the urinary tract, with smarting on micturition.

A quantity sufficient to produce the symptoms just detailed congests and inflames the stomach and intestines.

It is reputed to be diuretic, and to stimulate, even in healthy persons. the secretion of a large quantity of urinary water and uric acid; but these statements have not been confirmed by the observations either of Böcker or Garrod, which show that if it acts at all on the kidneys colchicum rather lessens the amount of excreted water, urea, and uric acid.

To Dr. Garrod the profession is indebted for much information on the nature of gout. This philosophical observer has shown that in gout there is retention, with possibly increased formation, of uric acid in the system. From the urine of gouty patients very little, and, in some cases, even no uric acid can be obtained, while plenty can be detected in their blood. The urates, thus circulating through the tissues, are deposited in various parts of the body, and excite active and painful inflammation.

It is argued, however, that urates are not deposited in the cartilaginous and fibrous tissues, for it is said if so they should be more abundant close to the vessels; whilst it is well known that they are earliest seen, and exist most plentifully, in cartilages, near their synovial surface—that is, at the greatest distance from the blood-vessels. Hence it is maintained that the urates are not deposited, but are always associated in gout with much mal-nutrition; thus an excess is formed of urates which remain unabsorbed in the slightly vascular and non-vascular tissues, and, of course, accumulate in those structures at the greatest distance from the vessels. If this view is correct, the gouty inflammation cannot be set up by the irritation excited during the deposition of the urates, but is due to some hitherto undiscovered cause.

Colchicum, it is well known, gives prompt relief from the pain, inflammation, and fever of gout. But how? Does colchicum cause the elimination of uric acid from the system through the kidneys, and so remove the condition on which the gout immediately depends? Now Dr. Garrod has experimentally shown that colchicum exerts no influence on the elimination of uric acid in gouty people. Colchicum must, therefore, control gouty inflammation without in any way affecting the condition on which the gouty inflammation in the first instance depends. Hence colchicum is merely palliative, removing for a time the patient's sufferings, but, as experience abundantly proves, in no way protecting him from their recurrence. For it is on all hands accepted that colchicum is inoperative to prevent a return of the attack; nay, many who suffer from it are of opinion that, while the medicine removes altogether an existing attack, it ensures the speedy return of another. Hence, gout-ridden people commonly advise their fellow-sufferers to abstain from colchicum. But a gouty sufferer is apt to continue gout-engendering habits, and to forget that, as he grows older, his gouty tendency becomes stronger.

The effect of colchicum on the gouty inflammation is very rapid, for a large dose of the medicine, say a drachm of the wine, often removes the severest pain in the course of one or two hours, and soon afterwards the swelling and heat subside. Some observations, conducted by Dr. Rickards and myself, show that, while the pain is thus quickly subdued, the temperature of the body falls very little during the day, but on the following morning there is generally a considerable decline, and often a return to the healthy temperature; but should the fall be postponed a longer time, then on the second day after the use of the colchicum a continuous decline of the temperature takes place, till all fever disappears.

There are two methods of employing colchicum. Some give small doses, others give a drachm of the wine, others even two drachms at a time. The larger dose sometimes produces sickness, diarrhœa, and great temporary weakness, but it extinguishes the pain at once. Small doses give like results only after some days.

Colchicum is sometimes of use in the treatment of various diseases occurring in gouty persons; for instance, bronchitis, asthma, chronic urticaria and other eruptions, dyspepsia, &c. Colchicum is sometimes used in chronic rheumatism and rheumatoid arthritis, but, I think, without any very apparent benefit.

Some persons are very tolerant of colchicum. To a gouty patient I gave at first two drachms and a half without any effect, and on a subsequent day four, and another day six drachms without any result. An ounce slightly relaxed his bowels, and ten drachms relaxed his bowels five times and caused a little sickness. No symptoms set in till ten hours after taking the medicine.

PODOPHYLLUM.

Podophyllum is a powerful purgative and cholagogue.

Dr. Anstie, who has studied the action of podophyllum on dogs and cats, found that in from two to ten hours after the injection of an alcoholic solution into the peritoneal cavity, and after the effects of the alcohol had ceased, podophyllum excited vomiting, and almost incessant diarrhœa. Dr. Anstie does not usually describe the character of the stools, but in one experiment he states that they consisted of glairy mucus, and in two other experiments the stools were highly coloured with what looked like bile. In many of the experiments the stools contained blood. The animals suffered great pain, and soon became exhausted. At the *post-mortem* examination the œsophagus was healthy, but the stomach somewhat congested, induced, Dr. Anstie suggests, by the violent efforts of vomiting.

The small intestines, especially at the lower part of the duodenum, were intensely congested, and in some instances the lower part of the duodenum was extensively ulcerated. The large intestines were but slightly inflamed. Although the injections were poured into the abdominal cavity, the peritoneum itself was not at all inflamed, not even around some unabsorbed granules of podophyllin. The contents of the intestines were liquid. In all the instances in which the effect of the medicine on the heart and respiration is mentioned, respiration ceased before the heart stopped.

From these experiments, it appears evident that podophyllin has an especial affinity for the small intestines, and chiefly for the duodenum.

The Edinburgh Committee investigated the action of podophyllin on healthy non-fasting dogs, and their reporter, Dr. Hughes Bennett, stated that doses of podophyllin varying from two to eight grains dimininished the solid constituents of the bile, whether purgation took place or not, and that doses which produced purgation lessened both the fluid and solid constituents of the bile. (See Mercury.)

Indeed, these investigators found that in non-fasting animals all the reputed cholagogues failed to increase the bile, and further, if they purged they even diminished it. Some experiments by Rohrig on fasting animals being opposed to these statements led Dr. Rutherford to reinvestigate this question. He finds that podophyllin injected into the duodenum of a fasting dog increases both the water and the solid constituents of the bile; and this increase is greater when the bile is allowed to flow into the intestines than when it is drained off by a canula. The augmentation of the secretion is greatest when the drug does not purge severely; indeed, when it does purge violently it may lessen the biliary secretion.

Drs. Rutherford and Vignal confirm Rohrig's statements concerning the influence of other drugs on the liver secretion in fasting animals. They find that aloes, rhubarb, senna, colchicum, taraxacum, and scammony increase the biliary secretion; that podophyllin, aloes, rhubarb, colchicum, and croton oil are the most powerful biliary excitants, senna and scammony less so; and that they all increase the water and the solids of the bile. Taraxacum they find is only a feeble hepatic stimulant. Rutherford thinks they act directly on the hepatic cells, and not by increasing the blood supply. Rohrig found that calomel given to fasting dogs would not recall the secretion when the flow had stopped, though the drug would increase it when the bile had only diminished. Drs. Rutherford and Vignal find, however, that calomel generally lessens both the water and the solids of the biliary secretion, thus affecting alike fasting and non-fasting animals.

Drs. Rutherford and Vignal endeavour to reconcile the apparently conflicting results of their experiments and those of the committee presided over by Dr. Bennett.

The absorption of food, they say, is undoubtedly followed by increased biliary secretions. The purgative probably diminishes the amount of food absorbed, seeing that it tarries a less time in the intestines, and this probably overbalances in the course of the day the stimulation of the liver. "When such substances as podophyllin, rhubarb, aloes, and colchicum are administered (*a*) the liver is excited to excrete more bile. (*b*) If purgation result, absorption of biliary matter and of food (if digestion is taking place) from the intestines is probably diminished, and thus by the twofold operation of increased hepatic action and diminished absorption of biliary matter from the intestine the blood as it passes through the portal system is probably rendered more pure."

Podophyllin produces very marked effects on the motions of children with the following symptoms:—During the early months of life, especially after a previous attack of diarrhœa, obstinate constipation may occur, with very hard motions, crumbling when broken, and of a clay colour, often mottled with green. Sometimes, at each evacuation, the passage of the hard stools through the sphincter of the rectum occasions great pain, causing the child to scream. At the same time there may be much flatulent distension of the belly, which excites frequent colic, this in its turn making the child cry, often without cessation. This morbid condition of the motions is frequently observed in children one or two months old, who are fed instead of suckled. I know nothing so effectual in bringing back the proper consistence and yellow colour to the motions as podophyllin. A grain of the resin should be dissolved in a drachm of alcohol, and of this solution one or two drops given to the child on a lump of sugar twice or three times a day. The quantity administered must be regulated by the obstinacy of the bowels, which should be kept open once or twice a day. Under this treatment the motions often immediately become natural, the flatulent distension of the belly gives way, and the child quickly improves. The restoration of the colour of the motions is probably owing to the increased secretion of bile induced by the podophyllin.

That disagreeable cankery taste, unconnected with excess in alcoholic drinks, generally occurring only in the morning, but sometimes continuing in a less degree all day, gives way usually to podophyllin; and, should it fail, mercury generally answers. This symptom, it is true, when due to constipation, is removable by many purgatives, but podophyllin and mercury answer best.

In small doses, $\frac{1}{20}$ or $\frac{1}{30}$ of a grain night and morning, podophyllin is useful in cases like the following:—A busy, worried, overworked man, who takes perhaps too little exercise, feels all day, but especially in the morning, dull and depressed, his mind inactive and indolent, and he is irritable. He has, perhaps, a stupid feeling. He is often bilious-looking, and is dark round his eyes. Now these symptoms,

no doubt, often accompany sluggish bowels, and can be relieved by any purgative, but they not uncommonly occur when the bowels are regular, and the motions natural in colour. In such a case, a small non-purgative dose of podophyllin is most serviceable. The resin may be made into small pills, or dissolved in rectified spirit in the proportion of one grain to two drachms of spirit, and six minims of this mixture should be taken night and morning in tea or coffee.

Small doses of podophyllin are highly useful in some forms of chronic diarrhœa. Thus a diarrhœa with highly-coloured motions with cutting pains is generally relieved by small doses of podophyllin, the bowels becoming regular, and the pain speedily subsiding; and this medicine is especially indicated if this form of diarrhœa occur in the early morning, compelling the patient to leave his bed several times, but improving after breakfast, or by the middle of the day; or sometimes diarrhœa does not occur after breakfast, but returns early next morning. Indeed, podophyllin will generally cure this morning diarrhœa, even if the motions are pale and watery. By means of podophyllin I have cured chronic diarrhœa of watery, pale, frothy motions, with severe cutting pain, even when the diarrhœa has lasted for many years. Two or three minims of the solution just mentioned should be given three or four times a day.

Podophyllin is very useful in some forms of sick headache (migraine). The nature and the order of the symptoms differ greatly in different cases of sick headache. Some, for instance, are accompanied by constipation, others by diarrhœa, and in each of these kinds the stools may be either too light or too dark in colour. But there are, besides, many other varieties of sick headache. Where the headache is preceded, accompanied, or followed by a dark-coloured bilious diarrhœa, podophyllin generally does good. Two or three minim doses of the foregoing solution, given three times a day, will restrain the diarrhœa, lighten the colour of the motions, and if the medicine is persevered with, either prevent the attacks or considerably prolong the intervals. When the diarrhœa is of a light colour, and the motions evidently contain too little bile, a hundredth part of a grain of bichloride of mercury, given three times a day, is often very useful. Again, when the headache is accompanied by constipation, and the motions are of a dark, bilious character, a free podophyllin purge every day, or every alternate day, is very beneficial. Even in those nervous headaches occurring either just before, at, or directly after the menstrual period, if associated with constipation and dark-coloured stools, purgative doses of podophyllin often give relief.

It is now generally held that in sick headaches, or, as they are often termed, nervous headaches, migraine, hemicrania, the origin of the mischief is situated in some part of the central nervous system,

and therefore it is asked—What is the use of giving medicine to act on the stomach, liver or intestines ?

Although the affection in migraine is situated in the central nervous system, yet the affection appears to be dormant till roused into activity by peripheral, or other exciting causes—causes in many cases due to the stomach, the liver, or the intestines. In such cases the sickness, the diarrhœa, or the constipation precedes the attack; where these symptoms accompany or follow the paroxysm, they may fairly be considered as part of the attack, depending on changes occurring in the central nervous system. The treatment of migraine, therefore, falls into three divisions: 1, removal of the exciting cause; 2, medicines directed to alter the condition of the central nervous system producing the attack; 3, treatment of the attack itself.

Where sickness, diarrhœa, or constipation precede the paroxysm they act as exciting causes, and if we can remove these symptoms by the aid of mercury, or podophyllin, according to the foregoing directions, we prevent the development of the attack, or at all events render it milder. Even when these symptoms accompany the attack, and form, therefore, very probably, an integral part of the paroxysms, these remedies, or others like nux vomica, acting either on the stomach, or liver, may suppress the paroxysm.

The injection of podophyllin under the skin has been recommended. It is readily soluble in equal parts of liquor potassæ and water; and, if the drug is pure, the addition of water does not precipitate this solution. The injection of this solution to the extent of one-third to one-tenth of a grain quickly purges, sooner it is said, than when given by the stomach, and it causes no pain.

Podophyllin is a rather uncertain purgative; thus, a dose adequate to purge one person violently will be inoperative on another. Individual differences occur, it is true, with other purgatives, but the action of podophyllin appears more uncertain than other similarly acting drugs. Again the time it takes to act varies, purging some in a few hours, whilst with others it takes twenty-four hours. Sometimes instead of freely relieving the bowels it frets them, by causing frequent attempts with ineffectual results. The pure drug causes very little griping. In too large doses it is very apt to produce slimy and bloody stools, particularly in children.

GUAIACUM.

Guaiacum has an acrid pungent taste, and promotes salivary secretion. It excites a sensation of warmth in the stomach, and increases the gastro-intestinal secretions. Large doses excite vomiting and diarrhœa. It is reputed to increase the secretion from the bronchial mucous membrane and from the skin.

Its usefulness is most conspicuous in tonsillitis, and in this affection it ranks with salicylate of soda and aconite; being, however, inferior to salicylate of soda. It is administered either in powder or as tincture, or in lozenge form. Brunton prefers the guaiacum mixture to the ammoniated tincture. The lozenges, taken several times a day for a long period, appear to me to be useful in follicular pharyngitis.

It is recommended in rheumatic or neuralgic dysmenorrhœa. It is employed, too, in chronic rheumatism, chronic gout, lumbago, sciatica, and chronic bronchitis.

ACTÆA (CIMICIFUGA) RACEMOSA.

This medicine is used much more extensively in America than in England. It has been employed for centuries by the Indians and Settlers for chorea and many uterine diseases, and to stimulate the expulsive action of the womb. Those with most experience of this drug speak loudly in its praise.

It has been compared to aconite, by others to digitalis. It slows the heart. Some observers maintaining that it weakens, others that it strengthens each beat, and heightens arterial tension. In large doses it causes giddiness, dilated pupils, sleepiness, and sometimes a good deal of headache. It is recommended for the dyspepsia of drunkards; and as an expectorant in bronchitis. It has been much commended in acute and chronic rheumatism, lumbago, sciatica, and myalgia. In lumbago and sciatica I have often tried it, but without success, though, from the strong recommendations of others, it must be useful in some cases. I have seen it very effective in some cases of rheumatoid arthritis.

According to American therapeutists, this plant operates powerfully on the uterus; its action on this organ is stated to be very similar to that of ergot, stimulating the contractions of the parturient uterus, and hastening the expulsion of the child. Ergot produces a continuous contraction of the uterus, while actæa, it is said, merely

strengthens, but does not prolong the contractile movements, and therefore endangers less the child's life and the soft structures of the mother.

Actæa is said to be useful in expelling the placenta and in preventing after-pains, but ergot is preferable, as it produces more persistent contractions. Actæa has been recommended in amenorrhœa, dysmenorrhœa, and in menorrhagia. Though inferior to other remedies, it certainly controls menorrhagia.

Again, actæa racemosa, it is said, will restore the secretion and remove the accompanying symptoms, when the menses are suddenly checked from cold, shock, or mental emotion; useful, too, when from similar circumstances, the lochia are suppressed, and when distressing symptoms are apt to occur, as more or less severe pain in the head, in the back, and down the legs, stiff sore muscles, and bearing-down pains.

It has been given, too, to prevent miscarriages in irritable uterus and prolapsus uteri.

Actæa is said to be serviceable in that common and distressing headache occurring in nervous hysterical women, especially at the menstrual period, or when the flow is too frequent and too profuse, or at the change of life. It is one of the most useful remedies for many of the distressing symptoms occurring at the change of life. It is well to combine it with small doses of tincture of gelseminum.

Actæa is said to be effective in the pleurodynia dependent on uterine derangements, one among the many troublesome complaints due to this condition.

Sir J. Simpson stated that actæa is highly beneficial in the cases of women who, during pregnancy and after confinement, occasionally suffer from great mental disturbance, sometimes amounting to madness.

Actæa has been recommended in the headache arising from overstudy or excessive fatigue.

Some extol it as an expectorant, and it is also said to be useful in phthisis.

ACONITE.

Aconite is used externally in the form of liniment or ointment, to relieve pain. In the neuralgias, especially of the brow or face, these applications are often of the greatest use, in relieving the distressing pain, either permanently, or at all events temporarily. It is decidedly more useful in facial than other forms of neuralgia, though in facial neuralgia it not seldom fails, notably in those severe forms termed epileptiform neuralgia.

We are unable as yet to predict, with any certainty, the cases wherein aconite will succeed or fail; this much, however, is clear, that neuralgias depending on diseased bone, or on tumours pressing on nerves, are beyond the control of aconite; but these are not the only forms of neuralgia which will not yield to aconite. Facial neuralgia due to decayed teeth is often obstinate, yet even these cases frequently yield to the external application of strong aconite preparations. Sometimes a case will require the assiduous application of the aconite preparation during three or four days. In neuralgia, however, due to this cause, aconite sometimes quickly loses its effect, and the pain returns with its former frequency and severity.

As no harm can follow the employment of aconite externally, it should always be tried; and if unsuccessful, then recourse can be had to other modes of treatment. If aconite will succeed at all, it will generally succeed at once; hence, if relief does not come speedily it is useless to continue it. The preparation should be sufficiently strong to produce decided numbness and tingling in the skin.

A piece of the ointment, the size of a bean or nut, should be applied with friction, which enhances its efficacy. This quantity should be repeated until it induces a sensation of tingling. The liniment, applied with a brush, may be mixed with one-half the quantity of chloroform liniment to assist absorption.

In cases where many branches of the fifth are affected it is often sufficient to apply the aconite over the seat of the most intense pain; and again, in cases where other nerves, like the great occipital and auricular nerve, are likewise involved, the application of the aconite over the branches only of the fifth most severely affected, will often give complete relief.

Then we meet with cases of which the following may be taken as a type:—A woman suffers from severe megraine, preceded by general *malaise*, and a dark discoloration round the eyes; the pain affects, perhaps, only a small branch of the fifth, not uncommonly that twig situated near the outer canthus of the eye, and when this happens, a neighbouring vein often becomes greatly swollen. The pain lasts with great severity a variable time, extending even to one, two, or three days, accompanied with more or less severe vomiting, the rejected matter, being, perhaps, intensely acid. As this pain declines, the patient feels severe shooting pains, passing up the back of the neck and head behind the ear, affording a sure indication of the approaching decline of the attack; the secondary pain lasts three or four hours, then ceases, leaving the patient limp and weak.

The application of aconite ointment, or aconite liniment, at the very beginning of the attack, over the affected branch of the fifth nerve, will cut short the pain, prevent sickness, and the occurrence of the secondary pain in the back of the neck and head. In some cases, however, veratria succeeds better than aconitia ointment.

When the auriculo-temporal nerve is affected the salivary secretion may be increased, diminished, or altered in character; and the secretion of tears may be modified in the same manner when certain branches of the supra-orbital nerve are affected. The aconite application, by removing pain, will restore these secretions to their natural state.

While using these powerful poisonous applications care should be taken not to rub them in wounds or cracks of the skin, and to avoid contact with absorbent tissues, as mucous membranes and the conjunctiva. Spinal irritation, and intercostal neuralgia, and sciatica yield, in some instances, to aconite ointment; but spinal irritation and intercostal neuralgia give way more readily to belladonna preparations.

Given internally, aconite at first induces a sensation of warmth at the pit of the stomach, and sometimes nausea and vomiting. The sensation of warmth spreads over the body, and tingling of the lips, tongue and adjoining parts is soon perceived; the uvula and the tongue feel as if swollen and too large, and deglutition is frequent. A large dose induces tingling and numbness at the tips of the fingers thence spreading over the whole body, accompanied by diminished sensibility, and some muscular weakness, which, with a very large dose, becomes extreme, and is one of the most prominent and important symptoms of the drug.

The action of aconite on the circulation and respiration is most noteworthy. Moderate doses greatly reduce the number of the heart's beats, even to 40 or 36 in the minute: but after a larger and dangerous dose, the pulse beats faster, and may become irregular; sometimes even a small quantity excites irregular heart action. Whether increased or lessened in frequency, the pulse always loses strength, showing retardation of the circulation. Dr. Achscharumow has shown that aconite paralyzes the heart of frogs, arresting the contraction in the diastole. The effects on respiration are very similar; moderate doses render the breathing slower, but a large and poisonous quantity often makes it short and hurried.

How does aconite affect the heart? It certainly affects either the muscular substance, or the contained ganglia of the heart. On this point all observers are agreed, for aconitia affects the heart after section of the pneumogastric, or the administration of atropia, which paralyzes this nerve; and it affects the extirpated heart in the same way as it affects this organ *in situ*. It is maintained, however, that it acts also through the pneumogastric, Boehm and Wartmann believing that it paralyzes the terminations of this nerve; Achscharumow that it first stimulates the inhibitory centre of the pneumogastric, and so slows the heart, and then the pneumogastric becomes exhausted, and at last paralyzed, and then the heart beats quickly and irregularly.

The heart muscle appears also to be affected, for after death it fails to respond to galvanic stimulation.

From our experiments, Dr. Murrell and I are led to conclude that aconitia paralyzes all tissues, and we suggest, therefore, that aconite affects all the structures of the heart, first its ganglia, next its nerves, and last its muscular substance.

So far as we may draw a conclusion from the scanty experimental evidence on the subject, it appears that aconite does not affect the vaso-motor centre or nerves, and therefore the lessened arterial pressure it induces is due to its action on the heart.

It is generally held that aconite affects respiration by its influence on the respiratory centres.

The views concerning its action on the nervous system are very diverse. Achscharumow concludes that it paralyzes both the trunk and terminations of the cerebro-spinal motor nerves, but leaves the muscles unaffected.

Boehm and Wartmann conclude, from their experiments, that aconitia first paralyzes the sensory, and then the motor part of the cord.

Liegeois and Hottot believes that it first paralyzes the "perceptive centres," above the spinal cord, and afterwards the terminations, and lastly, the trunks of the sensory nerves.

From experiments detailed in the *Journal of Physiology*, 1878, I conclude that aconitia is a protoplasmic poison, and destroys the functions of all nitrogenous tissues, first, of the central nervous system, next, of the nerves, and last, of the muscles; but it has an especial affinity for the sensory apparatus, paralyzing first the sensor-perceptive centre. Aconite, like tartar-emetic and potash salts, is a powerful depressant, and we suggest that these drugs do not depress merely through their paralyzing effect on the heart, but that they depress also by their poisonous action on the central nervous system, and on the motor nerves and muscles.

During the administration of aconite, cutting pains in the joints and other parts of the body are often complained of, and sometimes an eruption of itching vesicles breaks out on the skin. Delirium occurs in some cases, but after fatal doses the mind often remains clear to the last. The muscular weakness is extreme, and frequent faintings occur. Blindness, deafness, and loss of speech occurred in some fatal cases.

As aconite diminishes sensibility, it has been used internally in various painful diseases; but for the relief of pain, other internal remedies have for the most part superseded it.

The power of aconite to control inflammation and subdue the accompanying fever is remarkable. It will sometimes cut short an inflammation. Though it will not remove the products of inflammation, yet, by controlling inflammation, aconite will prevent their for-

mation, so saving the tissues from further injury. It is therefore in the early stage of inflammation more conspicuously serviceable: still, although the disease may have advanced to some extent, and injured the implicated organs by the formation of new and diseased products, yet while the inflammation is still going on, aconite does good; indeed, its beneficial effects are often visibly apparent in pharyngitis, tonsillitis, &c.

The results of aconite are most apparent when the inflammation is not extensive, or not very severe, as in the catarrh of children, in tonsillitis, or in acute sore-throat. In these comparatively mild diseases, especially if the aconite is given at the earliest stage, when the chill is still on the patient, the dry, hot, and burning skin becomes in a few hours comfortably moist, and then, in a little while, is bathed in profuse perspiration, often to such an extent that drops of sweat run down the face and chest. With the sweating comes speedy relief from many of the distressing sensations, as restlessness, chilliness, heat, and dryness of the skin, aching pains and stiffness; the quickened pulse simultaneously becomes far less frequent, and in a period varying from twenty-four to forty-eight hours both pulse and temperature reach their natural state. If caught at the commencement, a quinzy or sore-throat rarely fails to succumb in twenty-four to forty-eight hours. After the decline of the fever, the sweating, to the annoyance of the patient, may, on slight provocation, continue for a few days. If administered early enough, the beneficial effects of the drug soon become strikingly apparent. Thus, large, livid, red, glazed, and dry tonsils will in twenty-four hours present the aspect indicative of the subsidence of the acute stage of inflammation, the disappearance of the swelling, with much redness, whilst the membrane becomes moist, and bathed with mucus or pus. Just at this stage some strong astringent, as glycerine of tannin, or nitrate of silver, will remove most of the remaining diseased appearance, and the pain, if any should remain. To those who may not have tried it, these visible effects of aconite on inflamed tonsils, &c., may seem exaggerations, but any one who will employ the aconite in the way we are about to point out can verify my statement.

Its effects on catarrhal croup, or, as it is sometimes termed, spasmodic laryngitis, an hereditary disease often traceable through several generations, and leaving the child when about eight years old, are just as conspicuous. It removes the urgent dyspnœa in a few hours, and shortly afterwards subdues the fever, and almost extinguishes, in a few hours, an attack which otherwise usually lasts three or four days. When there is little or no fever, it apparently checks spasms and croupous breathing, and in those rarer cases where these symptoms continue after the subsidence of the fever. Aconite is equally serviceable in severe colds, with much chilliness, great aching of the limbs, a hot, dry skin, and quick pulse.

Aconite is often of great service in an attack of asthma, with the following symptoms:—The patient, generally a child, is first seized with coryza, accompanied, perhaps, with repeated and severe sneezing, then the inflammation passes down to the lungs, causing, perhaps, sore throat before the bronchial tubes are reached. The coryza may precede the bronchial symptoms by three or four days, ceasing when the chest symptoms begin, which, in the early attacks, may consist only of cough with wheezing, and but little shortness of breath, with inability sometimes to lie low at night. As the disease advances the asthmatic character becomes more developed, and the coryzal symptoms often simultaneously decline, till at last well-marked bronchial asthma becomes established, without any preliminary coryza, or the coryzal and asthmatic symptoms begin simultaneously. I believe that with children asthma often begins in this way, and throughout life it may retain more or less of its coryzal character. During the coryzal stage there is decided fever, and then is the time when aconite proves so serviceable, for given at the onset of the fever aconite cuts it short, and arrests the inflammation before it reaches the chest, and in this way averts the asthma. In other cases of asthma, though there is no coryza, the attack is ushered in by chilliness and fever, which for some days precedes the tightness of breathing, and here aconite, given at the very commencement of the fever, may avert the attack of asthma.

In a variety of the above-described diseases, of which the following account may be taken as a type, aconite is likewise beneficial. A patient is very prone to catch cold from the slightest exposure to a draft or to damp cold. The symptoms always follow a definite order; the throat, first attacked, becomes sore, swollen, red, and beefy-looking; the soft palate, its arches, and the uvula may be implicated. The inflammation in a very variable time, sometimes almost at once, oftener after three, four, or five days, spreads upwards to the nose, causing coryza, and downwards to the chest, producing catarrh and cough. Sometimes the disease tends to pass upwards, sometimes downwards to the chest. In bad cases, or cases that have lasted some time—for the affection may harass a patient for years—the aspect of the throat never becomes natural, the mucous membrane always remaining swollen, red, and beefy-looking. Exposure to cold or damp intensifies this condition, which then invades the nose and chest. This condition, if left unchecked, will induce emphysema towards middle age, through the repeated attacks of pulmonary catarrh. In the throat stage there is often fever, and aconite with belladonna given at the very onset of the attack, will often summarily cut it short and prevent the coryzal and lung symptoms. Applications to the throat are very useful in this troublesome and pertinacious affection. It is a good plan to "harden" the throat to diminish its tendency to catarrh, by the nightly use of the cold wet compress, and

daily swabbing with an astringent like glycerine of tannin. In these cases I have found the Turkish bath and the inhalation of sulphurous acid and of carbolic acid useful.

In pneumonia, pleurisy, and the graver inflammations, the effects of this valuable drug, though not so rapidly, are often manifest.

In pericarditis, accompanied with violent throbbing and extreme pain, aconite will speedily quiet the undue action, and so relieve the pain.

Most observers ascribe its influence on inflammation to its action on the heart, and point out, truly enough, that it is most useful in the sthenic forms of disease; and, indeed, it may do harm unless care is taken where there is great weakness, with feebly-beating heart.

It appears to me that in fevers we can considerably reduce the frequency of the pulse without lessening the rapidity of the circulation. A moderate dose of aconite, while it makes the pulse less frequent, renders it fuller, stronger, and less compressible. This indeed, we should expect, for if the heart does the same amount of work, after it beats slower, each individual beat must do much more work, so that if we reduce the pulse from 120 to 60 the heart must do twice as much work after it has been slowed by aconite. It may be said that though each beat is stronger, yet the heart is doing less work than when it was beating quicker. As tending to support the view that aconite weakens the heart's contractions, it must be admitted that even small doses, after a time, sometimes make the pulse unsteady and even irregular.

I would suggest whether the slowing effect of aconite may not be useful by increasing the heart's period of rest and nutrition. The diastole of the heart occupies nineteen out of the twenty-four hours, and is the period for rest and nutrition; thus when the heart is made to beat quicker, the acceleration takes place at the expense of the diastole, thus shortening the recuperative period. By slowing the heart, aconite prolongs the diastole, and thus increases the time for the heart's rest and nutrition.

The method of employing the drug has much to do with its efficacy. It should be given, as already stated, without delay, at the very onset of the disease, every hour being important. Half a drop or a drop of the tincture in a teaspoonful of water should be given every ten minutes or quarter of an hour for two hours and afterwards hourly; but if there is much prostration, with feeble and weak pulse, a still smaller dose. Now and then a patient experiences nausea and even sickness after each dose.

We feel constrained to point out here the signal service rendered by the thermometer in enabling us to decide whether or not to give aconite. Indeed, in the treatment of inflammations, the thermometer and aconite should go hand-in-hand. If the symptoms and physical signs are not sufficiently developed to enable us to decide whether or not an acute inflammation of some deep-seated part has set in, the thermometer will often clear up the doubt. No acute inflammation can exist without preternatural heat. Hence, in a doubtful case, if the temperature after careful investigation is found natural, the case is not one for aconite; while, on the other hand, if the other symp-

toms doubtfully indicate an inflammation, a rise in the thermometer will add considerably to the probability that we have to deal with an inflammation, and will indicate the advisability of employing aconite. Sometimes the throat is swollen, very red, and presents the appearance of an ordinary sore throat accompanied by fever, but fever is absent. Without the thermometer we are unable to discriminate with certainty these two kinds of inflamed throat, and the inability to distinguish the one from the other has often led, no doubt, to the mistaken use of aconite, so bringing discredit on this valuable drug. The non-febrile form is affected very little, if at all, by aconite.

Again, the use of the thermometer after scarlet fever is very important: for, as is well known, a patient is then liable to acute inflammation of the kidneys, the first onset of which is at once indicated by a rise in the body temperature. It is well, therefore, during the convalescent stage, to direct the nurse to take the temperature night and morning; and if this should rise beyond the healthy standard, she should at once give aconite, so as not to allow some hours to elapse before the patient can be visited by the medical attendant. The fever, it is true, may depend on some other cause than inflammation of the kidneys; but even then it will probably be inflammatory in character. arising from gastric catarrh, over-feeding, and the like, and in any case aconite is indicated.

Aconite does not shorten the fever of acute specific diseases, as scarlet fever, measles, etc., but it has a beneficial influence in these diseases, soothing the nervous system and favouring sleep by inducing free perspiration. Whether it can lessen the severity of the fever, or diminish the duration of the acute specific diseases, is doubtful; but there is no doubt that it can control the inflammatory affections which often accompany them, and which by their severity may endanger life. Thus aconite will moderate, but neither prevent nor shorten the course of the throat inflammation in scarlet fever and the catarrh and bronchitis in measles, and in this indirect manner it may lessen the height of the fever.

Aconite proves useless in certain epidemics of febrile inflammatory sore throat. These cases are met with chiefly during the prevalence of scarlet fever. The throat is much swollen, of a very dusky red colour, and the pulse is very frequent and very weak. There is great prostration, and the symptoms are of a marked typhoid character. Here stimulants, with the application of a strong solution of nitrate of silver, do most good.

The thermometer, again, renders notable service whilst giving aconite in the acute specific fevers and the sore throat just described. Under the influence of this drug, the skin becomes moist and the pulse falls perhaps to its normal state, and we might conclude that the temperature likewise had become natural, only the thermometer shows that it remains unaltered.

Aconite is sometimes of service in erysipelas. Administered at the commencement, it often at once cuts short the attack; and even when in spite of it the disease continues, aconite will reduce the swelling and hardness, lessen the redness, and prevent the inflammation from spreading.

In children after vaccination, perhaps when the spots have nearly healed, an erysipelatous redness occasionally appears, spreading over the arm and a great part of the trunk, usually ceasing in one part, then successively attacking contiguous parts, and leaving a yellow discoloration and desquamation. The redness is often intense, the tissues being very hard, painful, and shiny, and this inflammation may continue for weeks. It may run down the arm, involve the hand, and implicate the greater part of the chest; or it may appear in the leg and gradually spread to the foot; or, again, it may spread from the hand up the arm, and once more down to the hand, and this may be repeated many times. Sometimes the inflammation terminates in small abscesses. In cases like these, aconite generally at once arrests the inflammation; and even when it persists aconite renders the redness less intense, and the swelling less hard and painful. The troublesome inflammation often arising after the vaccination of adults, ordinarily yields to aconite, especially if supplemented by the local application of belladonna ointment twice daily.

Eminent authorities speak highly of aconite in the treatment of acute rheumatism, but its good effects are not so apparent as in acute inflammation. Acute rheumatism, having no regular course or duration, may last untreated only a few days, or may endure for many months. It is difficult, therefore, to decide whether, in certain cases, the speedy decline of the fever is a natural decline, or due to the aconite. It is certainly ineffectual in many cases, which appear to run their course uninfluenced by this drug; so that it is still required to determine in what class of cases it is useful, and in what class of cases it is useless. It often appears to be of service, however, in subduing the pain from inflamed and swollen joints.

Gouty pains are said to yield to this remedy. It has been given in neuralgia, apparently with good results. Gubler, indeed, maintains that aconitia is highly useful in trifacial neuralgia, and that it cures the most unpromising cases. He insists on its being given in solution, and begins with $\frac{1}{140}$th grain of the nitrate, increasing the dose till $\frac{1}{10}$th grain is reached. This treatment must be avoided if the patient suffers from heart disease. Seguin confirms this statement, but points out that susceptibility to the drug is greater in some persons than in others. He finds that as a rule distinct physiological effect follows $\frac{1}{100}$th grain thrice daily.

It has been elsewhere shown that aconite lessens the rapidity of the circulation. It may, therefore, be used in all cases where it is

needful to subdue vascular excitement; in fact, it may be given in precisely those cases which were formerly treated by bleeding.

In sudden check of the menses, as from cold, aconite will often restore the flux, and thus obviate the distressing and peculiar train of symptoms produced by arrested menstruation.

It is recommended in otitis, and quickly relieves the pain.

Small doses of aconite, administered frequently, will often quickly check the nose-bleeding of children and of plethoric people.

Aconite will usually subdue the "fluttering of the heart" of nervous persons, and also nervous palpitations. More general treatment is often required; but when the conditions causing the disturbance are undetectable or irremovable, then aconite may be usefully employed.

In several cases I have seen aconite quiet the distressing restlessness of "fidgets," which affects men as well as women, and have known a few drops at bedtime calm the patient and give sound, refreshing sleep; if one drop is insufficient, it may be repeated hourly for three or four hours.

A drop of tincture of aconite each hour yields satisfactory results in the acute stage of gonorrhœa; and it is said even to remove chordee.

DIGITALIS AND ITS PREPARATIONS.

Large doses of digitalis excite nausea, vomiting, and diarrhœa; the matters voided, either from the stomach or bowels, being of a grass-green colour, due to the action of the gastric juice on some constituent of the digitalis. These results may follow even a medicinal dose.

The digitaline readily passes unchanged from the intestines into the blood; for the same symptoms ensue whether the alkaloid is swallowed or injected into the veins.

The action of digitalis on the heart is very noteworthy, and our knowledge of its influence on this organ, whether healthy or diseased, is becoming daily more exact.

A large class of poisons, namely, sodium hydrate, potassium hydrate, ammonium hydrate, the carbonates and bicarbonates of these elements, barium salts, strontium salts, digitalin, antiarin, helleborein, digitoxin, strophanthin, apocyniin, scillain, adonidin, oleandrin, digitalein, apocypein, convallamarin, tanghinia, upas, erythrophlein, phrynin, affect the frog's heart much in the same way, and perhaps it is fair to conclude that they act similarly on the mammalian heart.

When administered through the circulation, or especially applied

to the exposed heart, they all induce persistent contraction in the ventricle. In consequence of this so-called persistent spasm, contracture or tonicity, the ventricle expands less during dilatation and its capacity is reduced; while the systole becomes more powerful and complete. With this persistent contraction the rhythmic contractions continue, but as owing to lessening of diastolic dilatation the capacity of the ventricle is diminished, less blood is propelled with each systole.

The amount of persistent contraction is in proportion to the dose of the drug, and with large quantities the persistent contraction is sufficient to contract the ventrical completely; and then in default of dilatation of course rhythmic action ceases. But rhythmic action is not destroyed, for if the ventricle is dilated by increasing the internal pressure rhythmic action is restored.

All the substances enumerated affect the muscular substances of the ventricle directly, for if topically applied to a portion only of the ventricle they induce persistent contraction in that part, so that it dilates in a less degree than the rest of the ventricle; and if the application is strong enough, the part experimented on may remain persistently and fully contracted, whilst the rest of the ventricle fully dilates.

Digitalis with several other, and perhaps all the other substances named in the foregoing paragraph, sometimes induces irregular action in the ventricle.

The irregularity of the frog's ventricle consists in one or more portions of the ventricle becoming rigid, white, and contracted, while the remainder of the organ continues to dilate regularly. When the yielding portions are small, a peculiar appearance, as if the wall of the ventricle formed crimson pouches or protrusions, is produced.

This irregular action is due to some parts of the ventricle being more influenced by the digitalis than the rest, and these affected parts becoming persistently contracted, consequently dilate in diastole less than the neighbouring portions affected in a lesser degree by the digitalis.

Digitalis increases the force of the heart's contraction, and at first reduces the number of its beats; but later, after large doses the beats become frequent, feeble, and irregular.

The isolated heart of a frog was made to pump serum through a glass tube; on applying digitalis the heart acted with greater force, but larger doses diminished its power. Finally the heart stopped, with every drop of serum squeezed out of the ventricles. Each individual beat of the heart was greatly increased in strength, in some instances nearly doubled. The loss of power after large doses appeared to be due partly to the great slowing of the heart, partly to the incompleteness of the diastole, and the consequent imperfect filling of the ventricles. (Boehm.)

Messrs. Bouley and Reynal, in giving large doses of digitalis to horses, found the circulation became more rapid, the heart beats more abrupt, their energy much increased, and accompanied, after a certain time, with a vibratory thrill, with a decided metallic tinkling, and, as poisoning went on, a distinct bellows' murmur was heard, becoming more audible on exertion; the heart beats then show a decided intermittence, and the pulse is small, thready, and intermittent.

In doses less rapidly fatal, there is, at first sight, excitement of the heart, with a little quickening of its beats, then they soon grow less frequent, and fall to 25 or 20 a minute. The cardiac sounds are more clearly heard, more distinct from each other than normally, and with a different rhythm, there being occasional intermissions occurring regularly or irregularly, and after a time a vibratory thrill is detected, followed by a bellows' murmur. As death approaches, the beats become rapid, 90, 100, or 140. Dr. Brunton, who has heard the blowing murmur several times, says it occurs in horses, dogs, and in the human subject, and that it is probably due to mitral or tricuspid regurgitation, from irregular contraction of the columnæ carneæ.

Digitalis also greatly heightens arterial tension. Digitalis slows the pulse by stimulating the vagus nucleus, and the ends of the nerve in the heart, for Boehm finds that after giving digitalis a faradic current applied to the vagus induces greater effect than before the administration of it.

The rapid action of the heart after large doses of digitalis is due to the drug paralyzing the ends of the vagus.

The greatly increased tension depends partly on the increased force of the heart's contractions, but chiefly, as first pointed out by Brunton, to contraction of the arterioles.

Traube and Boehm's experiments would seem to indicate that digitalis acts only through the vaso-motor centre.

I venture, however, to suggest that digitalis acts directly on the arterial muscular tissue.

I. We have seen that digitalis (in common with the group of substances I have enumerated) undoubtedly affects directly the muscular tissue of the heart, inducing persistent contraction, and not through the agency of nervous tissues; and it seems presumable that it will affect other muscular tissue in the same way.

II. Drs. Donaldson and Stevens in America, and Dr. Sainsbury and myself simultaneously experimented, employing the same method; and we find that digitalis does undoubtedly cause strong contraction of the blood-vessels when these are quite cut off from the central nervous system. Hence digitalis must act either directly on the muscular tissue of the walls of the blood-vessels, or on some peripheral nervous apparatus which governs the muscular tissue of the blood-vessels.

A poisonous dose of digitalis after a time paralyzes the arterioles, which therefore dilate, and the arterial tension falls.

We can conceive that digitalis may afford relief in one or more of the five following ways:—

I. By strengthening the action of a weak heart.

II. By reducing the strength of the beats of heart acting too powerfully.

III. By lessening the frequency of the heart's beats.

IV. By correcting irregular action of the heart.

V. By increasing tonicity and so lessening the size of the cavities of the heart, thereby reducing the quantity of blood propelled by each contraction.

Digitalis is of especial service in mitral disease.

It will often be found of eminent service to a patient presenting the following symptoms and physical signs:—There is dropsy, which may be extensive; the breathing in the earlier stages of this condition is much distressed periodically, and especially at night; but when the disease reaches its worst stage the breathing is continuously bad, although it becomes paroxysmally worse. The patient cannot lie down in bed, and is perhaps obliged to sit in a chair, with the head either thrown back or more rarely leaning forward on the bed, or some other support. The jugular veins are distended, the face is dusky and livid, and the pulse very frequent, feeble, fluttering, and irregular. The urine is very scanty, high-coloured, and deposits copiously on cooling. The heart is seen and felt to beat over a too extensive area; and the chief impulse is sometimes at one spot of the chest, and sometimes at another. The impulse is undulating, and the beating very irregular and intermittent. A murmur is ordinarily heard, having the character of that produced by mitral regurgitant disease.

Obstruction to the passage of the blood occurs from the disease of the mitral valve; hence congestion of the lungs, distension of the right venticle, tricuspid regurgitation, with general venous distension. In fact, there occurs heightened venous tension, with corresponding diminished arterial tension, the diminished arterial tension causing diminished pressure in the renal glomeruli, and this, conjoined with the slow circulation, leads to diminished excretion of urine, and so produces hydræmia, and this, helped by the heightened venous tension which from gravitation is most marked in the most dependent parts of the body, induces dropsy.

A case presenting these symptoms and physical signs will generally respond quickly and favourably to digitalis.

The effects on the pulse, the urine, and the dropsy, are to be carefully watched. When the drug is properly administered the pulse grows considerably stronger, more regular, and much slower, till in very many cases all irregularity ceases, and the beats become natural in frequency and rhythm, with much increase of tension.

At the same time the urine, which previously may not have amounted to more than half a pint in the twenty-four hours, increases to one, two, four, or even eight pints a day, and in proportion to this increased flow the dropsy diminishes till it finally disappears.

Now this obstruction to the circulation with the above symptoms may be due either to mitral regurgitation or to mitral obstruction, or to both combined. Some observers, however, consider digitalis is beneficial in mitral obstruction, others more especially in mitral regurgitation. I am satisfied I have seen it of eminent service in cases where, after death, the symptoms were seen to be due to mitral regurgitation, and but little, if at all, to mitral obstruction.

How then does digitalis lessen the back flow of blood from the ventricle to the auricle in mitral regurgitation? The mitral valves are insufficient to close the mitral orifice unless the ventricle contracts strongly; hence, if the ventricle from weakness or from containing more blood than it can propel contracts imperfectly, mitral regurgitation will ensue in proportion to the insufficiency of the contraction. Further, if the left cavities dilate, the mitral orifice becomes enlarged, and the valves become insufficient to close the orifice. Now digitalis may act in two ways. It increases the amount of contraction, and in this way lessens the auriculo-ventricular orifice and therefore diminish the regurgitation permitted by the retracted, and therefore incompetent, valves. It also increases the tonicity of the heart muscle, and lessens the size of the ventricular cavities and so constricts the mitral orifice and lessens regurgitation. I suggest, however, that a third explanation is feasible. In mitral disease inducing the symptoms previously described, the heart generally acts irregularly. It may be assumed in these cases that the columnæ carneæ do not act harmoniously with the walls of the ventricle, hence from this want of co-ordination the closure of the mitral valve is incomplete, and regurgitation ensues, or in the case of organic insufficiency of the valves is greatly increased. In such cases digitalis obviates the irregular action of the heart and co-ordinates its various parts, and thus removes the dynamic regurgitation due to inco-ordination. In favour of this view is the fact that digitalis is especially indicated where the heart's action is irregular, and is, in my experience, much less serviceable in those cases of mitral disease with a regular acting heart. Further, the benefit of digitalis is in proportion to its influence in co-ordinating the heart. By those who believe that digitalis is useful in mitral stenosis, the following explanations are given. The auricle empties itself into the ventricle chiefly during diastole, consequently the longer the diastolic pause the greater the time for the blood to flow into the ventricle. Digitalis slows the heart's action, and so prolongs each diastole, and in this way permits the auricle to become more completely emptied, thus partially obviating the effects of mitral obstruction, especially where the heart

is contracting too frequently, the increased frequency encroaching on the diastolic period.

Digitalis, too, may act by increasing the force of the auricular contraction; also by increasing the tonicity of the auricle, and thus lessening its capacity, and so reducing the quantity of blood the auricle has to propel with each contraction. Further, over-distension weakens the contractile force of an organ, and by increasing the tonicity and lessening the size of the auricle, this over-distension is remedied and its weakening effects obviated.

As I have said, digitalis acts best when the heart beats irregularly; and an irregular aching heart is generally an indication for digitalis, and certainly when the irregularity is associated with mitral disease. Irregularity, however, may be due to fatty degeneration, or it may occur in aortic disease with deficient compensation; but in these cases I find digitalis inefficient, either in removing the irregularity or in obviating any other symptoms.

In treating mitral diseases we may use the infusion, the tincture, or the powder of digitalis; all are serviceable; but I have seen cases where the infusion has succeeded after the tincture has failed. In respect of dose, it is best to begin with a moderate dose, say a drachm of the infusion or three to five minims of tincture, three or four times a day, for patients differ considerably in their susceptibility to digitalis; and too large a dose causes much distress and aggravates the troubles of the patient. The foregoing doses failing, the dose of course must be increased; but in most cases large doses of fifteen to twenty minims of the tincture, as is often given, will be found quite unnecessary. Sometimes a patient cannot exist without digitalis, for, on discontinuing it, the heart troubles return, and he may be constrained to continue taking digitalis for months or years, with perhaps a short intermission from time to time.

Most authorities are agreed that digitalis is harmful in aortic disease with deficient compensation. So long as compensation is equal to the valvular defect, of course digitalis and other drugs are needless. With aortic regurgitation, without adequate compensation, digitalis, unless given in small doses undoubtedly in some cases increases the distress of the patient. This bad effect is explained in the following ways:—Digitalis, as we have seen, slows the heart, and thereby increases each diastole, and so prolongs the period during which blood can flow back from the aorta into the ventricle; hence, with each diastole, the amount of regurgitant blood is increased with an increase of cardiac distress. Further, digitalis much heightens arterial tension, which will also increase the rate of flow of the blood back from the aorta into the ventricle. Hence some writers advise that in cases of aortic regurgitation, where some of the symptoms indicate digitalis, it must be given in doses inadequate to slow the heart's action. (Foster.)

On the other hand, Dr. Balfour, a great authority on such a point, speaks very highly of the effect of large doses of digitalis in aortic regurgitation with deficient compensation. He gives it in very large doses, of course watching its action very carefully; and he says he has seen very striking results. Digitalis, he thinks, increases the tonicity of the heart, and so lessens the size of the dilated left ventricle, and thus obviates the bad effects of dilatation.

Many writers ascribe the good effects of digitalis in mitral disease to its tonic action on the heart, meaning thereby that digitalis strengthens the contractions and thus assists to obviate the effects of deficient compensation and enables the heart to overcome the effects of the valvular defect. This view has led to the employment of digitalis in aortic obstruction with deficient compensation, and in pulmonary obstruction from emphysema, etc., inducing distension of the right cavities of the heart. In such cases I have failed to obtain, I think, any good; certainly the results are far less satisfactory than when dealing with mitral disease; and this is admitted even by those who are most confident of the usefulness of digitalis in aortic obstruction or in emphysema with bronchitis.

This comparative uselessness of digitalis would suggest that in mitral disease its good effects depend on some other action on the heart than its tonic influence. Nor should we expect, indeed, that digitalis could act much through its influence in increasing the contractions of the heart. With valvular defects with deficient compensation, when symptoms arise they indicate that the heart is overworked and becoming exhausted. At such a juncture to merely increase the work of the heart would increase its exhaustion, and though perhaps of slight temporary benefit, such a result must soon lead to increased exhaustion and increased distress. It is obvious, therefore, that digitalis must act mainly in virtue of some other effect than a mere increase of the force of the cardiac contraction. It must act mainly by its influence on tonicity, or on the frequency of the heart's contraction, or by removing irregular inco-ordinate action. I have already shown how by reducing the heart's frequency we may obviate the effects of mitral obstruction, but this slowing of the heart, when it is beating with great frequency, since construction takes place during diastole, must increase repair and permit of great nourishment of the cardiac structures, for with increased frequency of the heart's contraction, the diastolic intervals are greatly encroached upon; hence the period for restoration and repair being shortened the structures must become weakened.

We meet with cases of the following kind where digitalis is often of great service. A patient with valvular defect suffers but little so long as he remains quiet; but from excitement, or more frequently from some strong muscular exertion, the heart becomes greatly embarrassed. Its contractions grow very frequent, 150 to 160 per

minute, very weak and very irregular. There follows much dyspnœa even orthopnœa, with much lividity and jugular distension.

In such a case mental excitement, or physical exertion has accelerated the circulation quicker than the blood can be propelled through the constricted valvular orifice; blood accumulates in the cavity behind, and by distension weakens the contractions of the part of the heart behind the source of obstruction. In such a case, the prompt and liberal administration of digitalis will often save a patient from death: ten drops of tincture of digitalis every hour for a few hours, and then every two hours, should be given, or a corresponding dose of infusion. In such a case we can conceive that the digitalis increases the cardiac contractions, and so enables the blood to be propelled through the constricted orifice in quantity sufficient to remove the distension and weakening of the cavities behind; or it may be that digitalis, increasing the tonicity of the heart, lessening the size of its cavities, and diminishing the amount of blood they contain, so reduces the quantity that the cavity is competent to propel all it contains through the constricted orifice, and hence the removal of the symptoms of obstruction.

It is generally held that digitalis and its allies are useless in fatty heart. This is in accordance with my own experience.

Again, in cases of the following kind, I find the digitalis group useless. A patient suffers from arterio-capillary fibrosis, inducing hypertrophy of the left ventricle. Subsequently the heart itself becomes the seat of fibroid degeneration, so that the compensatory hypertrophy is lost. Then follow the train of symptoms occurring in a weak left ventricle—symptoms much like those occurring in disease of the aortic valves with deficient compensation, for the conditions are much the same, the seat of obstruction being in the arteries and arterioles instead of the aortic valves.

Such cases support the view that where digitalis is useful it does not benefit by virtue of its power to increase the cardiac contraction, but through some other effect.

Da Costa strongly recommends digitalis in the condition termed by him "irritable heart." This disease occurs frequently among soldiers, and may come on suddenly or gradually, with proneness to fatigue, palpitation, and dizziness. It is characterized by pain, generally persistent, but also paroxysmally intensified, lacerated, or more rarely burning or tearing, increased by exertion, and situated most frequently over the apex of the heart, sometimes radiating in all directions, and shooting down the left arm, and accompanied by hyperæsthesia of the cardiac region, increased by each attack of palpitation. The patient complains also of palpitation, varying in frequency and severity, occurring at all times of the day, and accompanied by much distress and pain. The palpitation is generally brought on by exertion, although it may occur while in bed. These

attacks are accompanied by dull headache, giddiness, and dimness of sight. The violent seizures may even produce insensibility. The sleep is much broken and troubled by disagreeable dreams, and the patient cannot usually lie on the left side. The pulse is rapid, varying from 100 to 140 per minute, small, compressible, and sometimes jerking, often irregular in force and rhythm—always remarkably affected by posture, being very frequent while standing, much slower while lying down, the difference amounting to from thirty to forty beats per minute. Palpitation greatly increases the frequency, in one instance to the extent of 192 beats per minute. The respirations are but little hurried, varying from twenty-four to thirty-four, and the patient complains of oppressed breathing, rendered worse by an attack of palpitation. The impulse of the heart is extended, but is "quick, abrupt, or jerking," and the heart may beat irregularly. The first sound is deficient in volume, "feeble, or short and valvular, like the second sound." Murmurs, as a rule, are absent. This condition is produced by over-work and fatigue, and is fostered by depressing influences. It commonly leads to hypertrophy, when, of course, the physical signs are modified. When the heart is not hypertrophied, Da Costa found that tincture of digitalis in ten-minim doses thrice daily, quieted the excited organ, reduced the frequency of, and often strengthened, the pulse, and rectified irregular cardiac action. If much hypertrophy existed, then digitalis proved less serviceable, and sometimes failed to give any relief; but here aconite in three to six-minim doses was very useful; though in purely nervous cases this remedy was not only useless, but often even increased the frequency of the pulse. In much irritability, with slight hypertrophy, a combination of digitalis and aconite did good. Belladonna was useful in cases accompanied by irregularity of the pulse, but proved of little service in other cases, modifying but little the frequency of the pulse. It was of no service in cases complicated with hypertrophy. He often continued the digitalis for months without producing any toxic effects. In addition to the foregoing treatment, Da Costa employed rest in the recumbent posture.

Digitalis is often very useful in quelling the attacks of palpitation in pure hypertrophy of the heart, which may be due to valvular disease, especially of the aortic valves, or to Bright's disease, or to excessive muscular exertion. In aortic disease the hypertrophy is compensatory, hence, in most cases, especially of aortic obstruction, no treatment is needed for the hypertrophy itself.

Sir B. Foster recommends digitalis in aortic regurgitant disease when there is more compensatory hypertrophy than the impediment to the circulation requires, indicated by violent action of the heart, bounding vibratory arteries visible all over the body, almost constant headache, flushed face, and noises in the ears. Sir Balthazar Foster points out that in these instances the action of the medicine must be

watched, for too large a dose may induce alarming prostration, with aggravation of the palpitations, effects which he attributes to the slowing of the heart by digitalis, and the increase of the regurgitation at each diastole; but although this explanation may be partially, it is not wholly true, for the same consequences follow too large a dose of digitalis in other forms of hypertrophy unassociated with valvular disease. In cases like these, two to five minims of the tincture is as much as can be tolerated. For the most part they are best treated by one to three drops of tincture of aconite, given thrice daily.

I find digitalis of conspicuous service in cases of prostration from fever, as typhoid fever or pneumonia. In such diseases signs of failure may show themselves first in the nervous system, or sometimes earliest in the circulatory system, and even if first in the nervous system the heart also soon grows weak. The signs of nervous depression are sleeplessness, inducing delirium with tremulousness of the hands, tongue, etc., and muscular twitchings. This condition is best treated by the early employment of some narcotic, which, by inducing sleep, prevents the other symptoms and sustains appetite, digestion, and assimilation, and obviates the need of cardiac tonics like alcohol, etc. If untreated, this condition of the nervous system soon induces cardiac failure, unless as in some cases the failure begins in the heart. The pulse becomes very frequent and feeble, or even irregular; hypostatic congestion sets in, the ears, tip of the nose, lips, and dependent parts of the body become dusky, and signs of hypostatic congestion or hypostatic pneumonia arise. If this condition of the heart is early treated by liberal doses of tincture of digitalis the pulse becomes greatly reduced in frequency and may speedily become normal, at the same time growing fuller and of higher tension, and coincident with these improvements duskiness of the parts most distant from the heart is prevented or removed, and the patient is carried safely through a dangerous condition. I give ten minims of the tincture of digitalis every two or three hours, according to the urgency of the case. Digitalis I find in such cases of much greater benefit than alcohol. I suggest that digitalis acts by slowing the heart and so prolonging the diastolic period and giving a longer time for the nutrition of the weakened heart and thus sustaining it.

Digitalis is, to a small extent, a diuretic, acting directly on the kidneys, and is therefore useful in some cases of Bright's disease. When it obviates the effects due to cardiac disease its diuretic effects are astonishing. I find that the diuretic action of digitalis is limited by the dropsy, for when dropsy disappears, the remedy no longer causes an increased secretion of urine. This also is the case with some other diuretics.

How does digitalis, in certain heart diseases, cause so great an increase in the quantity of urine? First, it removes those kidney conditions secondary to the heart disease, which diminish the urinary

function, when the unburdened organ acts as in health, and secretes a natural quantity. But in the cases now referred to we find the urine increased, from perhaps half a pint to three, four, or even eight pints daily. Is this excess of urine due to the direct action of digitalis on the kidneys? Were this the true explanation, then this excessive secretion should continue as long as the digitalis is administered, but we find, as I have said, that when the dropsy has disappeared the kidneys no longer secrete in excess. The copious flow of the urine must be explained by the fact that digitalis, by relieving the heart, checks the conditions that produce dropsy, when the dropsical fluid returns quickly into the circulation, and the kidneys eliminate the excessive quantity of water in the blood.

How does digitalis affect the kidneys in heart disease, thereby increasing the secretion of the urine?

The separation of the water of the urine is effected chiefly through the Malpighian bodies, probably by simple filtration, and therefore the amount of the secretion depends on the lateral pressure in the blood-vessels of the glomeruli.

Thus, section of the cord below the medulla, *i.e.*, below the vaso-motor centre, causes great dilatation of all the blood-vessels, and thus produces general lowering of the blood-pressure. The diminution of blood-pressure in the kidneys is followed by diminution, and even arrest, of the excretion of urine. Section of the renal nerves causing wide dilatation of the renal vessels, and thus heightening their lateral pressure, causes a great increase in the urinary secretion.

Now, in the forms of cardiac dropsy benefited by digitalis, there is tricuspid regurgitation, causing great repletion of the venous system, with corresponding emptiness of the arterial system, and thus arterial tension is greatly lessened.

Some writers ascribe the diminished urinary secretion entirely to this loss of tension. It is true that the venous engorgement causes distension of some of the capillaries of the kidneys, and thus heightens their tension, and it might be expected that this increase of lateral pressure would cause an increase in the secretion of the urine. It is urged that the venous congestion only affects the capillaries of the tubules, and does not reach the Malpighian bodies, the capillaries of the tubules preventing this; thus the blood-vessels of the Malpighian bodies, through which the water of the urine filters, become partly empty, their pressure greatly diminished, and hence the secretion of the urinary water is diminished. But is this statement true? Are the blood-vessels of the glomeruli partially empty in cases of tricuspid regurgitation and venous engorgement? To this question I should answer, certainly not, for in the post-mortems I have made these bodies have always been greatly enlarged and engorged, and consequently increased with lateral pressure, and thus the water of the urine should be augmented. The diminution of the secretion appears to me to be due to the venous congestion. In tricuspid regurgitation the passage of blood from the arteries to the veins is very slow; it, in fact, partially stagnates. The blood, on reaching the glomeruli, loses much of its water by pressure, but, having reached a certain degree of concentration, the further separation of water is much slower. In order to get a rapid filtration of water through the Malpighian bodies, it is necessary not only that there should be high arterial pressure, but also a rapid flow of blood. It appears to me that in venous engorgement, we have high lateral pressure, but a slow flow of blood, and that digitalis acts by removing congestion, and allowing a free circulation through the kidneys.

Brunton's experiments on himself show that large doses of digitalis somewhat increase the urinary water, and to a less extent the urinary

solids. He points out that in fatal doses at the end of life, the urinary secretion may be greatly diminished, or even arrested, due, he suggests, to a powerful contraction of the renal vessels. Mr. Rose Bradford, in his careful experiments, confirms these statements. He graphically recorded variations in the carotid pressure and the supply of blood to the kidney, this supply being estimated by Roys' oncometer, which records any variations in the size, *i.e.*, the blood supply of the kidney. Mr. Bradford finds "that digitalin administered to cats in doses of $\frac{1}{40}$ of a grain and upwards produces marked contraction of the kidney, which is very persistent, lasting frequently for half an hour, and if large and repeated doses are injected the kidney does not recover its previous volume, even after some hours. Simultaneously with this renal constriction there is, as is well known, considerable heightening of the blood-pressure. It is interesting to observe, with regard to this drug, that although it produces contraction of the renal vessels, like the initial action of caffeine, unlike caffeine, it does not cause any diminution or arrest of the urinary secretion during this period of contraction. Instead of any diminution in the rate of urinary flow, this is on the contrary slightly increased by digitalin. The probable explanation of these differences lies in the fact that whereas caffeine and digitalin both produce contraction of the renal vessels, with caffeine the general blood-pressure is lowered at first and with digitalin it is raised. Hence, during the initial stage of the action of caffeine the rate of flow of blood through the renal vessels is lessened; whereas with digitalin this rate of flow is increased."

Digitalis has been employed in the treatment of acute inflammation. Mr. King, of Saxmundham, held that no good was to be effected in inflammation, unless with a large dose, and he gave from half an ounce to an ounce of the tincture; with these formidable doses he declared he could subdue most inflammations if attacked at their very commencement, and before the organs involved became disorganized. He administered a dose and then waited twenty-four hours to watch its effects; at the expiration of the time, if the pulse did not become much less frequent or irregular, he repeated the dose. He gave as much as two drachms of the tincture to a child of nine months old. Vomiting sometimes quickly follows these very large doses. No serious or dangerous symptoms, said Mr. King, ever followed his extensive and startling use of digitalis.

Dr. Royston Fairbank finds digitalis, employed both locally and internally, useful in inflammations. He narrates cases of acute inflammation of joints, acute inflammation of the legs from varicose ulcers, severe inflammation of the breast, and of erysipelas, yielding speedily to fomentations, made by infusing a small teaspoonful of the dried leaves in half a pint of boiling water, or by adding a drachm of tincture to half a pint of boiling water, and applied by means of

flannels wrung out in this decoction. Sometimes, after simple hot fomentations, he advises the rubbing in of some tincture.

Digitalis will reduce the temperature of fever, though large doses are often required.

In typhoid fever, Wunderlich recommends digitalis, asserting that in two or three days it will reduce the temperature of the body by 2° or 3° Fah., and will slacken the pulse, sometimes, by thirty or forty beats in the minute.

Digitalis controls epistaxis, hæmoptysis, and menorrhagia. In cases of menorrhagia unconnected with organic disease, this medicine, independently of the state of the circulation, is said to be more efficacious than any other remedy ; and, when organic disease gives rise to this form of bleeding, the effect of this drug is scarcely less manifest, although the advantage may be temporary.

The late Dr. Brinton highly esteemed it in bleeding from the lungs, stating that when it reduced the frequency of pulse the bleeding ceased. The infusion is to be preferred for hæmorrhages, and large doses may be required.

In rare instances, digitalis occasions great strangury, with a desire, almost incessant, to pass water, accompanied by great and painful straining, and, in women, by strong "bearing-down" pains.

Few remedies are of more avail in arresting spermatorrhœa than digitalis in drachm or two-drachm doses of the infusion twice or thrice daily. The free application of cold water to the testicles and perinæum aids the effect of the medicine ; and it is a useful practice to let the testicles hang in cold water night and morning for five or ten minutes at a time.

The late Mr. Jones, of Jersey, excited considerable astonishment by the announcement of the good effects he obtained from very large doses of tincture of digitalis in the treatment of delirium tremens. He gave half an ounce of the tincture, and repeated it when necessary in four hours ; and again in six hours ; and again when needful in two-drachm doses. Mr. Jones says of this treatment, "The pulse, so far from being lowered in force, becomes fuller, and stronger, and more regular soon after the first dose. The cold clammy perspirations wear off and the skin becomes warmer. As soon as the remedy produces its full effect, sleep for five or six hours commonly follows. Sleep is the guide to the repetition of the dose. No action on the kidneys is evinced by an unusual secretion of urine. Sometimes the bowels are acted on slightly, but not commonly." Mr. Jones never saw any alarming symptoms follow these large doses, although he treated in this way about seventy cases of delirium tremens. It would appear that he adopted this treatment only in the severer asthenic forms of delirium tremens. With regard to this treatment of delirium tremens, the following conclusions appear to be established :—

I. The medicine may be given in the manner directed, without danger.

II. That it very often does good, producing speedily, in most cases, refreshing, quieting sleep; and, even when it fails to induce sleep, it generally calms undue excitement.

III. That some cases appear to be uninfluenced by the drug.

It yet remains, however, to ascertain the forms of the disease amenable to digitalis.

Under this treatment some severe asthenic cases, when owing to great prostration death seemed imminent, have rallied astonishingly and ultimately recovered. The evidence of this is too strong to be disputed. Under the influence of digitalis, the weak, rapid and fluttering pulse grows strong and steady, the skin comfortably moist and warm, while, with the improvement in the circulation and state of the skin, the general condition of the patient improves. On the other hand, it appears equally certain that sthenic forms of the disease are also amenable to this drug; in several instances I have seen this form of the disease yield speedily to huge doses of digitalis.

I give a short account of a case of delirium tremens recently treated with large doses of tincture of digitalis. The man, aged about 50, had been a very hard drinker for many years. He was well-nourished, but his urine contained a considerable amount of albumen. After trying large doses of chloral, and bromide of potassium, we gave him a grain of hyoscyamia, which quieted him for several hours, but did not produce sleep, and, as he was in no way benefited by our treatment, we resolved to give him half-ounce doses of tincture of digitalis according to Jones's directions. Before giving him this first dose his pulse was 90, regular, and fairly good; in half an hour the pulse rose to 108. In three hours' time the digitalis was repeated; in an hour the pulse was 120; in three hours 150, irregular; in four hours 200, very irregular, very feeble:—in four hours and a half it had fallen to 124, and was much stronger and more regular; during the height it varied between 130 and 140. Next day at noon it fell to 90, and was intermittent, but not irregular; in the evening it was 60.

Digitalis is said to be cumulative. We meet with patients who, whilst taking digitalis, remain for many days but little affected, and then suddenly the pulse falls to 40, 35, or even to 30 beats a minute. This abrupt occurrence of toxic symptoms is ascribed to accumulation of the drug in the system, absorption from the stomach being more active than elimination through the kidneys, &c., hence the digitalis accumulates in the blood and induces this sudden onset of symptoms.

CONVALLARIA MAJALIS.

We now know a considerable number of remedies which affect the heart and blood-vessels in the same way as digitalis, drugs which strengthen the rhythmic and tonic contraction of the heart, and raise arterial tension, probably by their direct action on the blood-vessels and not through the vaso-motor nerves.

Convallamarin (Convallaria majalis), Adonidin (Adonis vernalis), Strophanthin (Strophanthus hispidin), first investigated by Professor Fraser and recommended by him as a substitute for digitalis, Erythrophlæin (Casca) recommended by Brunton, and Sparteine are the most important. While, no doubt, each of these is useful, it remains to be seen if they are equal or superior to digitalis. Convallaria majalis has been the most studied and is still on its trial, and it has certainly not yet established its claim to be considered equal to digitalis. Though these substances in their physiological action are much akin to digitalis, yet they differ from it in some respects—for instance, strophanthin is a far more powerful muscle poison than digitalis. It is certain then that, whilst having much in common, these drugs play each a therapeutical rôle of its own.

Convallaria has long been used by the Russian peasantry for dropsy. Waltz discovered two alkaloids, convallaria, a simple purgative, and convallamarin, on which its cardiac and vascular action depends.

Toxic doses cause in frogs progressive paralysis, muscular tremblings, and at last complete loss of reflex action and death. Moderate doses slow and strengthen the heart's contractions, larger doses accelerate the heart and cause irregularity. Doses that slow the heart heighten arterial tension. Convallaria acts directly on the heart, arresting it in systole, and probably, like digitalin, affecting the muscular tissue. It probably, too, acts directly on the blood-vessels, but does not seem to affect the other organs in any notable degree.

As regards its therapeutic value, opinions differ greatly; Sée considering it superior, other observers for the most part ranking it much inferior, to digitalis.

It is well to point out that there is no officinal preparation of convallaria, consequently the preparation of one pharmaceutist is often much stronger than that prepared by another.

STROPHANTHUS (KOMBI ARROW POISON).

Professor Fraser first investigated this drug and introduced it into medicine.

It has a bitter taste. At one time it was said not to derange the gastro-intestinal canal, but subsequent observations show that it sometimes causes loathing of food, nausea, vomiting, and diarrhœa, which may be violent. In large doses it may produce a sensation of burning in the œsophagus and stomach. Where, however, digitalis upsets the stomach, strophanthus is often well borne, hence when digitalis disagrees strophanthus may be usefully substituted.

Fraser shows that like digitalis it poisons striated muscle. In my experiments I find it poisons skeletal more than cardiac muscle. Fraser finds it increases the contractile power of all striped muscle. It affects the heart in all respects like digitalis, and also heightens arterial tension; but this is said to be due mainly to increased contraction of the heart, and but slightly to a contraction of the arterioles; this statement however, has, been controverted, and it is said to cause marked arteriole-contraction.

Mr. Bradford has tested the action of strophanthus in animals on the general blood pressure and especially on the renal circulation, testing the kidney circulation by means of Roy's oncometer. He says, "It is well known from the work of Fraser that strophanthus heightens arterial pressure by increasing the force of the heart's beats. Thus this drug differs from digitalin and spartein where the increased cardiac action is accompanied by a constriction of the muscular coat of the peripheral vessels. On the kidney, as investigated by means of the oncometer, strophanthus has scarcely any action. The injection of the drug is followed by an exceedingly slight and transitory contraction, lasting but a few seconds. Further the drug does not increase the flow of urine, even when its effects on the blood pressure are marked. Hence these results confirm Fraser's view that the action of strophanthus on the vascular system is almost limited to its action on the heart."

As Fraser has shown, it may be used as a substitute for digitalis; and if it should prove that strophanthus does not contract the arterioles, then theoretically we should expect it would answer better than digitalis, as under the influence of strophanthus the heart would be spared the obstruction caused by contraction of the peripheral vessels.

At present its relative value to digitalis cannot be decided, but I believe that it is now generally held to be inferior to digitalis. It is certain that it is not nearly so much employed as it was a little

while ago. It must, however, be admitted that cases occur in which it succeeds where digitalis has failed; but the special indications for the use of strophanthus are not yet ascertained.

Drasche found it greatly relieved palpitation and dyspnœa in failing heart.

It is also recommended in secondary failure of the heart in renal disease, a condition I do not find benefited by digitalis.

Sometimes, like digitalis, it causes violent headache. It is said not to be cumulative. It is useless in renal dropsy. The dose recommended is from three to ten minims, but I do not often obtain much benefit with smaller doses than five minims four times a day.

SPARTEINE,

A LIQUID alkaloid derived from broom, is highly recommended by Sée as superior to digitalis. The alkaloid is insoluble in water, whilst the sulphate is freely soluble, it is used in doses gr. $\frac{1}{4}$ to grs. ij. The accounts of its physiological action are somewhat discrepant. Some observers find that it first accelerates the heart, and this action is due to paralysis of the vagi. Next it slows the heart, increasing the force and duration of its contractions. With full doses there is no primary acceleration, but the heart is at once slowed. After toxic doses the pulse is much accelerated and becomes irregular, hence in these respects sparteine acts like digitalis and its allies.

It heightens arterial tension. Mr. Bradford finds in animals, "The kidney vessels are constricted by it to a marked extent, the flow of urine being considerably diminished, this diminution continuing for some time after the constriction of the renal vessels has ceased." It is therefore not a direct diuretic.

It is used in place of digitalis, and therefore is found useful in mitral disease, with irregularity of the heart's action. It regulates the pulse, increases arterial tension, diminishes venous congestion, accelerates the circulation, and then acts as a diuretic, removing dropsy, its diuretic action being in proportion to its influence on the heart. Sée recommends it in all cases of weak heart, or when compensation is deficient, but it is especially indicated where the pulse is irregular. Sée finds it, too, useful in typhoid states, presumably from its action on the heart.

Sée ranks its efficacy above that of digitalis or convallamarin, but most observers find it decidedly inferior to digitalis.

It is not, as we have seen, a diuretic by its direct action on the kidneys, hence it is useless in renal dropsy. Indeed, in some experiments on rabbits it diminished the urinary secretion.

Since its action is speedier and less persistent than that of digitalis, sparteine is preferable where a prompt effect is urgently required.

It sometimes excites slight diarrhœa.

ADONIDIN.

A GLUCOSIDE of adonis vernalis, or adonis cupaniana, given in doses of $\frac{1}{15}$ to $\frac{1}{3}$ grain several times daily is employed as a substitute for digitalis.

Dr. H. J. Hare has examined its action on healthy animals. It first slows, then accelerates and arrests the heart of frogs in diastole, heightening tension as the mesenteric arteries enlarge. On warm-blooded animals it acts similarly, increasing the force of the heart's contraction and heightening arterial tension. At first it slows and then accelerates the heart, arresting it in diastole. With small doses no primary slowing occurs. The initial slowing is due to stimulation of the vagus, and the subsequent acceleration follows paralysis of the vagus. It heightens tension partly by increasing the heart's action, but chiefly by its stimulating effect on the vaso-motor centre. It is evident, therefore, that as respects its influence on the vagus adonidine is like digitalis. Dr. Hare does not mention its direct action on the heart muscle, which is so conspicuous with digitalis. Moreover, adonidine differs from digitalis by heightening arterial tension through its effects on the vaso-motor centre. In my experiments I find that adonidin affects the frog's heart in all respects like digitalis.

Mr. Bradford, in his experiments on cats, dogs, and rabbits, on blood pressure and supply of blood to the kidneys, finds adonidine acts very similarly to digitalis; but it differs from digitalis in not increasing the urine, and in this respect acts like sparteine.

Notwithstanding these differences, adonidine seems clinically to act just like digitalis, and to be indicated in identically the same diseases. It is mainly useful in mitral disease, slowing and strengthening the heart, heightening arterial tension, removing venous distension, and increasing the secretion of urine, removing by this means dropsy.

It sometimes causes vomiting and diarrhœa, with intestinal spasm.

The plant is caustic and vesicating, and the crushed plant is sometimes used as a domestic remedy to blister.

TOBACCO.

A POULTICE of tobacco leaves is said to relieve pain, and an ointment, made by boiling half an ounce of tobacco in eight ounces of lard, kept constantly applied to the breasts, is also said to arrest the secretion of milk. In this respect it is probably inferior to belladonna. (*Vide* Belladonna.)

As several deaths have occurred through the application of tobacco to the abraded skin, it must be used with caution externally.

Tobacco, when introduced into the eye, contracts the pupil, also when taken by the stomach.

Tobacco produces nausea and sickness, accompanied by great weakness and faintness. It confuses the ideas, dims the sight, enfeebles the pulse, and makes the skin cold and clammy with profuse sweating. Owing to its prostrating effects it removes spasm. Tobacco in the form of clyster, or administered by the stomach, has been employed in colic of the intestines, and in strangulated hernia; but in spasmodic diseases chloroform has quite superseded it. Tobacco-smoking excites an abundant secretion of saliva; hence some persons maintain that tobacco-smoking aids digestion. Smoking acts on the intestines as a slight purgative, and no doubt a pipe or cigar smoked after breakfast is often sufficient to ensure an easy and satisfactory relief of the bowels; and is, perhaps, a practice not without advantage in habitual constipation.

Smoking in excess is, no doubt, a very injurious habit, disordering digestion, lessening the appetite, inducing restlessness at night with disagreeable dreams, and weakening both of mind and body. Chronic pharyngitis, the mucous membrane looking like dirty-red velvet, with constant hawking, and also chronic dyspepsia may, in some instances, be clearly traced to excessive smoking. Even amaurosis is said to be sometimes produced by excessive smoking. The habitual smoker has generally a thickly-coated tongue. The symptoms produced by excessive smoking soon cease when the habit is discontinued. If the tobacco is of good quality, and contains but little nicotine, the evil consequences are much less marked. In the cultivation of the plant, it is a point of importance to develop the aromatic principles, and to diminish nicotine.

Nicotine causes in frogs tetanus and general paralysis. In warm-blooded animals there occur twitchings and startings, and tetanoid convulsions, excited by the slightest stimulus; the breathing is greatly hurried, and the animal becomes very weak, or, if the dose is large, completely paralyzed. It excites perspiration, and in cats free salivation. It contracts the pupil, whether administered internally or

applied topically. We have here an instance of a solanaceous plant contracting the pupil and increasing most of the secretions, in these respects acting in exactly the opposite way to most other solanaceous plants, with the exception of pituri, to which tobacco is very closely allied.

Nicotine tetanizes by its action on the cord. It paralyzes the cord, motor nerves (Vulpian, Rosenthal, Krocker), the peripheral nerve endings being first affected; it also paralyzes the muscles (Rene). The brain is unaffected.

Nicotia appears to tetanize the heart, for when this organ, from a mechanical cause, has ceased to contract after death, the direct application of nicotia excites the pulsations, and the heart soon becomes rigidly contracted—tetanized, in fact—and then, of course, the beats cease. In birds and mammals killed by chloroform, when the ventricles are immobile and dilated, and respond most imperfectly to stimuli, the application of a drop of nicotine immediately occasions strong contractions in the heart, and causes the organ to respond energetically to mechanical and galvanic stimuli.

The experiments of Frazer and Brown show that nicotia, like other tetanizing substances, as strychnia, brucia, thebaia, codeia, and morphia, loses its tetanizing properties when converted into ethyl or methyl compounds; but, unlike these, the methyl and ethyl compounds of nicotine do not possess any paralyzing action on motor nerves. This difference inclines these observers to believe that the convulsions of nicotia are not produced in the same way as those arising from strychnia, brucia, thebaia, etc.

Nicotia has been highly praised in tetanus, and many recorded cases appear to show its usefulness in this fatal disease. It must be administered either by the rectum, or hypodermically; when put into the mouth, it very generally excites a severe paroxysm, which may destroy life, by firmly fixing the muscles of the chest till asphyxia is produced.

Tobacco-smoking commonly affords some relief in spasmodic asthma; but, like all other asthmatic remedies, it succeeds much better in some instances than in others.

Whether the active principle of tobacco is destroyed in the system, or is eliminated with any secretion, is, at present, unknown.

Nicotine is supposed to be diuretic, but we are not told under what circumstances.

CONIUM.

We are chiefly indebted to Christison, Schroff, Kölliker, and Guttmann, for our knowledge of the action of this medicine. Paul Guttmann, who made some excellent investigations on the action of this alkaloid, says it is one of the most active and powerful poisons, being, in this respect, scarcely second to prussic acid; yet some vegetable-feeders, as goat, sheep, and horse, are said to eat hemlock with impunity.

Conium contains two alkaloids, coniine and methyl-coniine.

Conium exerts no influence on the unbroken skin, even when applied in large quantity; but strong preparations applied to wounds excite inflammation, with its usual accompaniments of heat and pain.

The pounded leaves, or the expressed juice, or other preparation of the drug, smeared over a poultice, will ease the pain of ulcers, both simple and malignant, and, at the same time, improve the character of the sore. The pain-easing property of hemlock rests on the evidence of highly competent observers, and cannot be gainsaid; yet it is now rarely employed for this purpose, although formerly it was in constant use as a soothing application to broken cancers and malignant sores.

The alkaloid, coniine, whether directly applied to the eye or swallowed, causes dilatation of the pupils, sometimes with subsequent contraction. According to Harley, the dilatation is never very great. The smell of conium has been compared to the urine of cats and mice. It has a burning acrid taste, provoking an increased secretion of saliva.

A drachm of inhalatio coniæ in boiling water, used twice or thrice daily, is extremely useful in irritable cough of bronchitis and fibroid phthisis.

Hemlock has scarcely any influence on the stomach and intestines. It may produce nausea, vomiting, and diarrhœa; but such occurrences are not common. Walshe has seen it relieve the pain of cancer of the stomach.

That conia enters the blood is proved by the symptoms arising when it is swallowed; but the physical or chemical changes, if any, it undergoes in the blood are at present unknown. Added to blood after its removal from the body, it produces in it no perceptible alteration.

The deficient coagulability and dark colour of the blood, after death from this drug, noticed by some, according to others are

often absent; and, when present, are due probably to the fatal asphyxia.

The effects of conium on man and animals is very similar. The best account of the symptoms occurring in a human being, from a poisonous quantity of the plant, is given by Dr. H. Bennett, who has recorded the case of a man who ate hemlock in mistake for salad. Weakness of his legs, so that his gait was faltering, was first noticed; as the weakness increased he staggered as if drunk, and, at the same time, his arms began to be similarly affected. Perfect loss of all voluntary movement followed, and he was unable even to swallow. Lastly, the muscles of respiration were slowly paralyzed, and he died of asphyxia. Up to his death his intelligence was apparently unaffected, but his sight was destroyed. Slight movements in the muscles of the left leg took place.

The same, or nearly the same, sequence of events happens in animals poisoned by hemlock. With rabbits, early and severe convulsions occur, but in frogs these are absent. In all the experiments and observations of Guttmann, gradual paralysis of the voluntary muscles, and then of the respiratory muscles, took place. The paralysis began first in the hind extremities, next affected the anterior, soon afterwards the muscles of the trunk, and lastly those of respiration.

Coniin affects chiefly the motor nerves, paralyzing first the end plates. It also paralyzes the terminations of the vagus. The spinal cord is but little affected. Some experimenters assert that it affects the cord to a slight extent, like strychnia, and depresses the reflex function. The sensory nerves and muscles are unaffected.

Conia appears also to affect some parts of the vaso-motor nerves; thus the arteries of the frog's foot fail to contract on irritation when the animal is poisoned by hemlock, but the motor nerves of some other involuntary muscles are uninfluenced by conia, as the peristaltic contraction of the intestines of the rabbits killed by the alkaloid continued active after death.

Its influence on the brain will next be considered. No doubt both man and animals remain conscious of pain so long as they are capable of giving any signs of it; that is before the muscles of expression become paralyzed. But consciousness is possible, though at the same time the brain may, in some way, be affected. Schroff states that the poison, soon after it is taken, is followed by a sensation of heaviness in the head, with giddiness, inability to think, great impairment to common sensibility, blunted taste, dimmed sight, dilated pupils, and a sensation as of insects crawling on the skin.

The mind is evidently in some degree weakened, and many of the special senses suffer. In Dr. Bennett's case there was total blindness, but the hearing was little, if at all, dulled. Some observers assert that the mind remains quite uninfluenced by hemlock.

In poisoning by hemlock, as I have said, the pupil dilates, at the same time there is drooping of the upper eyelid, due, of course, to paralysis of the third nerve, which leads Dr. H. Wood to conclude that hemlock affects the pupil by paralyzing the third nerve, not by stimulating the sympathetic.

At an early part of this section it was stated that convulsions resulted from poisoning by conium. Convulsions occur in some animals, not in others. Rabbits appear to suffer from convulsions, but frogs die unconvulsed. These spasms, Kölliker has suggested, may be due to asphyxia from paralysis of the muscles of respiration. This explanation, however, appears to be insufficient, as convulsions are often among the earliest symptoms, before any asphyxia has resulted; nay, if a tube is introduced into the trachea and artificial respiration is performed, they still occur. In man convulsions are certainly sometimes absent, and in the case recorded by Bennett, only slight movements in the left leg were witnessed.

Drs. Crum Brown, and Fraser, have shown that specimens of conia are not of identical composition; for, while each specimen produced the same symptoms, these they find were not always produced in the same way. In other words, some specimens affect chiefly the motor nerves, while others act on both motor nerves and cord. Their observations on hydrochlorate of conium, methyl-conia, and iodide of dimethyl-conium, in a great measure explain these differences. They conclude that conia "produces paralysis solely by influencing the motor nerves," and that hydrochlorate of methyl-conia acts "on the motor nerve and spinal cord. With large doses the former action is completed before the latter." They conclude that commercial specimens of conia consist of mixtures in variable proportions of conia and methyl-conia. Sometimes methyl-conia is present in small, at other times in large quantities; and that this variety of composition explains the varied physiological effects of different specimens of conia.

Their observations on iodide of dimethyl-conium "show that the paralysis produced by dimethyl-conium is dependent on an action on the motor nerves primarily restricted to the peripheral terminations."

Concerning the action of this poison on the heart, very conflicting statements have been made. Some authorities state that it reduces the frequency of the pulse, especially when the heart beats too quickly from disease, as from fever, etc. Even a small dose under such conditions, they say, suffices to produce a decided effect on the pulse, while in health the same quantity exerts no influence. Such are the conclusions of Wertheim.

Kölliker, Guttmann, and J. Harley conclude that conium does not affect the heart. Harley, who gave the medicine in sufficient quantities to produce partial paralysis, says, "excepting as a transient

emotional effect in nervous individuals upon the sudden accession of the symptoms after a first dose of hemlock the heart and blood-vessels are absolutely unaffected by its operation. I have carefully determined this in persons of all ages—in the weakly infant not three months old, in the strong, in the debilitated, and in those who have intermittent action of the heart."

In experiments with warm-blooded animals poisoned by hemlock the heart, it is true, soon ceases to beat; but this can be for a long time retarded if artificial respiration is performed, and in the case of the frog, the poison appears to leave the heart unaffected.

In doses sufficient to produce physiological effects, conium, Harley says, may be taken for months without affecting nutrition, and my experience quite confirms this statement.

It is supposed to be useful in whooping and other coughs. The succus conii in one to four drachm doses, or even more, has been recommended lately by J. Harley in chorea; and these large doses certainly control the movements temporarily, and impart steadiness to the patient, but the improvement wears off if the medicine is not soon repeated. Some cases, no doubt, are cured; but in my experience this treatment in most instances only palliates, and, on discontinuing the drug, the symptoms return with customary severity. In order to maintain the effects of conium on the choreic movements, the dose must be quickly increased, for patients speedily become tolerant of the drug, and after a short time will bear enormous doses without the induction of any physiological effect. Thus on one occasion I gradually increased the dose till the patient—a child—took, except when asleep, seven drachms of succus conii hourly.

We have the high authority of Dr. Neligan in favour of hemlock in various painful affections, as cancer, rheumatism, and neuralgia. It has not yet been shown in any well-authenticated case that conium produces either sleep, coma, or delirium.

Considering the physiological action of conia, it would appear that it is not indicated in convulsive diseases dependent on affections of the cord, as tetanus and strychnia poisoning; for the effects of this drug and the symptoms of these diseases are not antagonistic. Guttmann put to the test of direct experiment the power of conia to arrest or check in any degree the tetanus from strychnia. He strychnized frogs, and then gave them conia, but even when administered in doses sufficient to completely paralyze the animals, this drug failed to check in any degree the tetanic spasms produced by the strychnia.

Professor Christopher Johnson, of Maryland, however, reports cases of recovery from severe traumatic tetanus under the use of conia. In one case he injected hypodermically, every two hours, fifteen minims of a solution composed of two minims of conia, one minim of dilute

sulphuric acid to one drachm of water. In the second case he commenced with twenty minims of the same solution every three hours; he then increased the conia to one-third, then to two-thirds, of a drop, and ultimately to rather more than a drop every hour, when the symptoms abated. Afterwards he used two minims of conia hourly, but owing to the weakness of the pulse, he returned to one minim every two hours, but the spasms returning, he again used two minims every hour, and immediately the spasms diminished. But these cases, unfortunately, are much less satisfactory than they might have been. In the first case, the cicatrices of the wound were removed by a hot iron, and in the second bromide of potassium and morphia were administered. But Dr. Johnson says that the spasms were considerably reduced after each conia injection.

It will be obvious how very similar the action of conia is to that of curare. One difference there is between these substances which has not been noted. Curare, when swallowed, is not poisonous, but is strongly toxic when injected under the skin; conia, in either way, is equally poisonous.

Claude Bernard believes that the innocuousness of curare administered by the stomach is due to its slow absorption, as contrasted with its much more rapid elimination by the kidneys, so that a very minute quantity is retained in the blood.

The most reliable preparation is the succus conii.

CALABAR BEAN.

Poisoning by calabar bean induces the following symptoms:—Weakness progressing to complete paralysis; arrest of respiration; quivering or fibrillary contraction of the muscles; increased secretion of saliva; relaxed bowels with griping pains; contracted pupils; heightened arterial tension; sometimes strychnia-like tetanus; whilst the mind remains unaffected.

It apparently leaves the brain unaffected, but paralyzes the medulla and spinal cord, the posterior columns before the anterior; thus it causes weakness and paralysis and arrest of respiration. The motor nerves are very little affected, and the sensory only when a strong solution is applied topically to the nerve.

The fibrillary contractions are due to the action of the poison either on the muscle or on the motor nerve, for they occur when the limb is separated from the nervous centres; and since the contractions are controllable by curare they probably depend on some change in the terminations of the motor nerves.

Physostigma increases most secretions, as the salivary, lachrymal, cutaneous, and the secretion from mucous membranes, affecting probably the glandular secreting cells. It also stimulates voluntary and involuntary muscular fibres or their peripheral ganglia; hence it gives rise to collicky pains and a relaxed condition of the bowels. It also contracts the bladder, uterus, and spleen.

It contracts the pupil, heightens intra-occular pressure, and produces spasm of the muscle of accommodation, probably by stimulating the terminations of the third nerve, and not by paralyzing the sympathetic. It is largely used in eye diseases.

Physostigma affects the heart according to the dose; a small quantity is said to strengthen and lessen the frequency of the contractions, a large quantity kills by arresting the heart in diastole. It first accelerates and then retards respiration by stimulating the vagi terminations.

The increased arterial tension is largely due to the strengthening influence of the drug on the heart, though probably in some measure to vaso-motor stimulation, or direct action on the muscular coat.

The strychnia-like convulsions are probably due to calabarine, which is reported to act like strychnia, whilst all the other symptoms are due to eserine.

We now come to the therapeutical application of this remedy. It was some time ago suggested that the calabar bean might prove of much service in tetanus and chorea, and Dr. Fraser has written an interesting paper on this subject. Finding that the effects of strychnia on the frog can be arrested, he believes that the bean may be used with the greatest benefit in tetanus. Dr. Fraser very naturally insists on the importance of employing the drug at the very beginning of the attack. It may be administered by mouth, anus, or subcutaneously. When the convulsions are severe, and when the slightest movement excites them, it is obvious that, till the severity of the paroxysms is subdued, only the subcutaneous method is available. Yet, whilst the patient can still swallow, my experience leads me to prefer giving the drug by the mouth; for the drug to be of any use it must be given in quantity sufficient to produce paralysis, and must be pushed, indeed, to such an extent, that but a little more would permanently arrest breathing. The drug, therefore, must be given with great care and watchfulness, and to get the necessary effects without inducing serious symptoms it is better to give small and increasing quantities every hour, or oftener, for then, should serious paralytic symptoms arise, the drug can be stopped. Moreover, it is impossible to tell the dose adequate to subdue the paroxysms and produce paralysis, some persons requiring a much larger quantity than others. Hence it is evident that it is more convenient to give the liquid extract by the mouth than subcutaneously. I have already, in part, spoken of the dose. It is generally, nay,

probably always, necessary to produce a certain degree of paralysis, amounting to heaviness of the limbs. Sometimes the dose of the spirituous extract must be very large; thus, Dr. Eben Watson, who failed to obtain good effects from hypodermic injection, prefers to administer the drug by the mouth, or rectum, and insists on the necessity of giving enough extract to produce relaxation of the spasms. He has given it to the extent of seventy-two grains in twenty-four hours.

In a successful case under my care, reported in the *Practitioner*, the patient, for a day and a half, took $2\frac{3}{4}$ grains of the watery extract hourly, and for a short time 4 grains hourly. It is, of course, too much to expect that calabar bean will cure every case of tetanus, but I feel convinced that, were the treatment begun at the outset of the attack, and were the drug pushed sufficiently, the results would be more successful than those at present attained.

Dr. Fraser next makes a few remarks on the influence of this remedy over chorea, but at present there appears to be little evidence on this subject. "The treatment of this disease," he says, "will rarely require to be so active or energetic as that recommended for tetanus. Physostigma should be administered either in the form of powder or of tincture. From three to six grains of powder, three or four times daily, may be given to children, and from ten to twenty grains, as frequently, to adults."

Dr. Crichton Browne finds Calabar bean markedly useful in general paralysis of the insane; indeed, he states that he has even cured some of his patients of this severe disease. I have known it arrest the progress of general paralysis, and even slightly improve the mental and physical condition. I have seen it not only arrest progressive muscular wasting, uncomplicated with much mental disorder, but also effect considerable improvement in the muscular power. Moreover, it has appeared to me to be serviceable in some cases of long-standing hemiplegia. I have given the extract of physostigma in one-thirtieth of a grain doses every two hours.

In conjunction with Dr. Murrell, I have made observations on the influence of Calabar bean on certain nervous affections, giving one-tenth of a grain of the extract every three hours, and in some instances we have continued this treatment more than a year. We gave it in five cases of paraplegia, due probably to myelitis. In one case no improvement ensued; and but slight amendment in another; but even when the drug failed to produce any improvement it yet seemed to us to arrest the disease. In old-standing cases we could hardly hope for any amendment, where the lower part of the cord had become disorganized; but we might fairly hope to control the march of the disease in the less affected parts. In two cases very marked improvement occurred, an improvement so decided as fairly to astonish

us, but in both relapse took place, and the patients became as bad almost as before undergoing treatment.

In the fifth case the treatment effected a considerable and permanent improvement, so that the patient, who was unable to move his legs even in a slight degree, was enabled, before his discharge, to walk about the ward without his stick. These cases, it will be said, do not tell conclusively in favour of the efficacy of physostigma in paraplegia; we were both, however, struck by the evident temporary improvement in some of the cases, and the decided and permanent amendment of one patient, which we could not help attributing to the drug, and we feel sure that this subject is well worth further investigation. We gave the drug in the same dose to two cases of locomotor ataxy, in one case for a year, in the other for three months: both cases improved, and one, a very bad case, considerably. We gave it also in a recent case of writer's cramp, and in two months the patient recovered.

Dr. Bartholow recommends Calabar bean in the flatulence of the climacteric period.

Between Calabar bean on the one hand, and chloral, atropia, and strychnia respectively, there is a well-marked antagonism. Here we shall have occasion to speak only of the antagonism between physostigma and chloral, referring the reader for an account of the other antagonisms to the chapter on belladonna, and that on strychnia. The Committee of the British Medical Association, in their recently published investigations concerning the antagonism between drugs, concluded that the antagonism between physostigma and chloral is greater than that between physostigma and atropia. They point out that the antidotal properties of a drug are, of course, modified by its more or less rapid action on the system. Serious and even fatal symptoms ensue from Calabar bean much more speedily than from chloral; therefore, to obtain the antagonistic effects of chloral, it must be given either before, or immediately after the ingestion of Calabar bean. The antagonism is not complete, for, in spite of an antidotal dose of chloral, physostigma, although it averts convulsions, still produces muscular twitchings, tremors, salivation, and contracted pupil; moreover, a quantity of Calabar bean beyond a minimum fatal dose will kill, notwithstanding chloral.

MUSCARIN.

MUSCARIN, the active principle of poisonous fungi, was first extracted from the *Amanita muscaria*, and physiologically tested by Schmiedeberg. He has since discovered a second alkaloid, identical with jaborin, an alkaloid of pilocarpine, and this alkaloid is antagonistic to muscarin, as jaborin is antagonistic to pilocarpine. His conclusions regarding muscarin have been confirmed and our information extended by the researches of Koppe, Prevost, Alizon, Lauder Brunton, and Schiff. Great interest attaches to muscarin on account of the close similarity of its action to pilocarpine and its almost complete antagonism to atropia. It excites copious perspiration and salivation, a flow of tears, and it increases the intestinal mucus and the biliary and pancreatic secretions. Muscarin affects especially the heart and intestinal canal. According to Lauder Brunton it produces "uneasiness in the stomach, vomiting, purging, a feeling of constriction in the neck, want of breath, giddiness, fainting, prostration, and stupor." The stools sometimes contain mucus or even blood. Topically applied, the merest trace at once arrests a frog's heart ; it slows the heart of mammals, reducing the beats from 120 to 60, 40, or even 9 beats per minute, and sometimes it causes intermittency. M. Alizon maintains that it first quickens the heart. It arrests the heart in diastole ; according to Prevost, by exciting the intracardiac nerve-centres. It diminishes blood-pressure partly by its action on the heart, but partly by dilating the blood-vessels. Respiration is depressed in proportion to the depression of the pulse. It causes strong contraction of the intestines and bladder ; it lessens urinary secretion, even to the point of suppression ; it contracts the pupils.

In all these particulars atropia promptly antagonizes muscarin. When a frog's heart is arrested by the topical action of a minute quantity of muscarin, the application of a little atropia will immediately restore the pulsations.

Lauder Brunton has shown that muscarin has a singular effect on the pulmonary vessels. Schmiedeberg had noticed that muscarin produces intense dyspnœa—a condition in which the arteries contain very little blood, scarcely bleeding when cut across. Brunton's experiment on a narcotized rabbit shows that this dyspnœa is due to the muscarin causing strong contraction of the pulmonary blood-vessels, so strong that the lungs become blanched, and, owing to the contracted state of the pulmonary blood-vessels, the right side of the heart becomes greatly distended. A small quantity of atropia injected into the jugular vein at once removed this spasm of the pulmonary vessels, and unloaded the gorged right heart.

Muscarin, like pilocarpine (jaborandi), is supposed to arrest the heart by stimulating the intracardiac inhibitory apparatus.

Stimulation of the vagus inhibits the heart's action. Thus the application of a weak electric current prolongs diastole and so slows the heart, whilst a strong current completely arrests the heart. After poisoning by curare, stimulation of the vagus no longer affects the heart, but on applying the electrodes to the sinus venosus the heart's action is immediately inhibited. It is therefore concluded that curare paralyzes the vagus but leaves the intracardiac inhibitory apparatus unaffected. After poisoning by atropia neither stimulation of the vagus nor of the sinus affects the heart, therefore it is concluded that atropia poisons both the vagus and the intracardiac inhibitory apparatus. The local application of either muscarin or pilocarpine quickly arrests the beat in diastole, "like a heart inhibited by profound and lasting vagus stimulation. This effect is not hindered by curare. The application of a small dose of atropia at once restores the beat. These facts are interpreted

as meaning that muscarin (or jaborandi) stimulates or excites the intracardiac inhibitory apparatus which atropia paralyzes." (Foster's *Physiology*.)

Recent investigations, made by Mr. Morshead and myself, show that pilocarpine and muscarin paralyze the cardiac excito-motory apparatus and the cardiac muscular substance. Atropia, therefore, antagonizes the action of muscarin and pilocarpine on these structures. As atropia itself paralyzes the excito-motory apparatus and muscular substance, we have an instance of a substance which paralyzes a structure antagonizing the action of another substance which paralyzes the same structure.

Pilocarpine and muscarin paralyze the excito-motory apparatus, and yet pilocarpine removes the paralyzing action of muscarin on these structures, and in this respect is nearly as powerful as atropia. Here we have another instance of a paralyzer of the excito-motory apparatus and cardiac muscle antagonizing the action of a substance which also paralyzes the excito-motory apparatus and cardiac muscle. We have suggested that this antagonism is due to chemical displacement; that atropia and pilocarpine, whilst paralyzing the cardiac structures to a much less degree than muscarin, have a stronger affinity for the cardiac nervous structure and muscular substance than muscarin; hence atropia and pilocarpine displace muscarin and substitute their weaker action for the more powerful action of muscarin.

Schiff believes that poisonous mushrooms produce other symptoms than can be accounted for by the action of muscarin, as restlessness, convulsions, and dilatation and contraction of the pupils; and he is led to believe that poisonous mushrooms contain two active ingredients—one having an opposite, the other a similar, action to that of atropia.

In conjunction with Mr. E. A. Morshead I have made some investigations regarding the action of muscarin on the human body.

Our observations were undertaken to endeavour to ascertain whether the action of muscarin on man is the same as on animals. The muscarin we employed was synthetically prepared by Merck, of Darmstadt. In the following experiments we administered the drug hypodermically. We have made thirteen experiments on four men, seven, three, two, and one respectively. These men, it is well to state, were not in good health; three were in a delicate anæmic state, the other had slight fever from some obscure cause, though his pulse was not quickened.

A large number of preliminary observations were made to ascertain the minimum dose adequate to produce symptoms. This we found to be a third of a grain given hypodermically.

We find that the action of muscarin on man is identical with that on animals. It contracts the pupil, excites profuse perspiration, free salivation, running at the eyes and nose; it purges, sometimes excites nausea and vomiting, and a strong desire to pass urine.

We shall now speak more in detail of these different effects.

Perspiration.—Sweating occurred in eleven of the thirteen experiments. Half a grain always made it free, whilst larger doses, as three-quarters of a grain or a grain, rendered it very abundant; quite as free, indeed, as the perspiration excited by a third to half a grain of pilocarpine. After the larger doses the perspiration stood in large drops on the face, the night-dress became soaked, and the skin felt sodden. In one man, though we gave one-third of a grain and one grain respectively in two experiments, we produced no sweating, but free salivation, amounting to four ounces. Perspiration began in from three to fifteen minutes, occurring earliest after the larger doses. It lasted from half an hour to an hour and a half. On testing the reaction of the sweat in six experiments we found it neutral in four and alkaline in two.

Salivation was not so constant as perspiration; moreover, the saliva varied in quantity more than the perspiration, corresponding in this respect to pilocarpine. Salivation occurred in eleven experiments, and was absent in four. In three it was slight, in the rest free or profuse. It began in from two to fifteen minutes, and lasted from twenty to eighty minutes.

Lacrymation occurred in eight cases, amounting in some instances only to suffusion of the eyes, but generally the tears trickled down the face, so that the patient was obliged to wipe his eyes. It began in six to ten minutes, and lasted generally about twenty to thirty minutes.

Purgation.—In the cases in which it purged, the injection took effect in from ten to twenty minutes. In two experiments the drug excited an inclination to pass a motion ; in four experiments on the same man it produced a loose motion, one of a green colour, though his bowels were opened naturally a short time previously.

Pulse.—In one of our four men the pulse was always very quick ; in the other three it was natural. The effect on the normal frequency was *nil*, or almost *nil*, though in one man, on whom only one observation was made, it reduced the frequency ten to sixteen beats. The medicine reduced the quick pulse from 120 to 80 and 60 beats per minute. Our observations are too few to enable us to speak with certainty of the influence of muscarin on the pulse, but it appears to us that the doses we employed affected the frequency very little, but the larger doses made the pulse softer and more compressible.

Respiration.—The frequency of breathing was unaffected in every experiment.

Sight.—We have notes of the states of the pupils in only ten experiments. In each case the pupils became contracted, often considerably ; the contraction beginning in about fifteen minutes. The vision seemed unaffected.

In three of our experiments made on one man with the larger doses, the drug induced vomiting once, and once nausea.

In five experiments the patients were obliged to pass urine in from nine to fifteen minutes after the injection, and two complained of suprapubic pain. In five the drug produced a frequent hacking cough. In none did headache or other nervous symptoms arise. Like pilocarpine, muscarin favours sleep.

To show how close is the similarity in the action of muscarin to that of pilocarpine we give a short account of the effects of the latter drug.

Jaborandi (pilocarpine) flushes the face and produces copious perspiration and salivation. It increases the bronchial secretion, exciting a slight cough, and produces slight running at the eyes and nose. It causes nausea and sickness, and, according to some authorities, diarrhœa, though this never occurred in the numerous experiments made by me in conjunction with Mr. Gould and Mr. Murrell. It considerably quickens the pulse. It often produces headache, generally frontal, with heaviness over the eyes, associated with giddiness and a stupid feeling. The sight is generally hazy, and in about two-thirds of our observations, when the drug was applied to the eye, it contracted the pupil, often considerably ; though, when administered by the stomach or hypodermically, it had but little influence on the pupil. It often produces suprapubic pain, and still oftener a strong and irresistible impulse to pass urine.

The similarity between the action of muscarin and pilocarpine is evident. There are, however, slight differences. The perspiration and salivation are generally greater after pilocarpine, and last a longer time, though possibly larger doses of muscarin might in this respect rival pilocarpine. We are led from our experiments to conclude that muscarin acts rather more on the lachrymal glands than pilocarpine. Muscarin certainly acts on the bowels far more powerfully than pilocarpine. Muscarin, internally administered, contracts the pupils more strongly than pilocarpine. On the other hand, jaborandi produces more suprapubic pain, and more frequently and more strongly the impulse to pass water. Moreover, pilocarpine produces headache and giddiness, symptoms never yet noticed by us after muscarin. In our experiments with muscarin none of our patients complained of any disturbance of the sight, but on this point we have not sufficiently examined them. Pilocarpine produced a little drowsiness, but we have not observed this after muscarin. In our experiments on man, pilocarpine in every case quickened the pulse, and as this fact has been amply corroborated by other observers, we may conclude that it is esta-

blished, though Langley, in his experiments on animals, finds that it slows the heart, acting thus on animals like muscarin. In our experiments on man, muscarin produced very little effect on the pulse; if it altered frequency at all, it reduced the number of beats.

Whilst muscarin thus so closely resembles pilocarpine in its action on the body, in one respect it strangely differs. Administered internally, either by the stomach or subcutaneously, pilocarpine slightly contracts the pupil; topically applied to the eye it strongly contracts the pupil. Muscarin, given hypodermically, contracts the pupil far more than pilocarpine; but, strange to say, when applied to the eye itself, it widely dilates the pupil. Thus, whilst it is so generally antagonistic to atropia, in this one respect it is similar. In respect to its action on the pupil it corresponds to gelsemium, which, administered by the stomach, contracts the pupil, but applied locally, widely dilates it.

We tested the topical effect of muscarin in nine cases, using a solution containing one part of the drug in ten of water. This solution produces very little or only transient smarting. In every case the pupil became dilated, generally widely dilated, the dilatation beginning in from a quarter to three-quarters of an hour, and continuing about twenty-four hours or a little longer.

So far as we can judge at present, from only a few careful observations, the dilatation very little interferes with the sight.

In some of our experiments it seemed to us that the doctored pupil contracted very slightly before it dilated, whilst in other cases both pupils cartainly at first contracted somewhat. To test the early effect of the local application we dropped some of the solution into a cat's eye, and watched the effect; but, although after a time the pupil widely dilated, we could not detect any initial contraction.

De Haen, Andral, and Trousseau used agaracus with great success in the sweating of phthisis. Recently, Dr. Peter has highly recommended it in doses of 20 to 30 centigrammes shortly before bedtime. It is also used to arrest the secretion of milk. Dr. Murrell finds it useful in the sweating of disease. The white agaracus should be given in doses of 10 to 30 grains of the powder, 3 to 6 grains of the extract.

JABORANDI

contains four alkaloids: pilocarpine, on which its effects mostly depend; jaborine, which, strange to say, has an action like atropia, and therefore is antagonistic to the other alkaloid, pilocarpine; jaborine present only in small quantities; also pilocarpiden and jaboriden—pilocarpiden acting like pilocarpin, and jaboriden like jaborin. Pilocarpine can be easily transformed into jaborine, and pilocapidine into jaboridin. This active and interesting drug, long in use in South America, was lately brought from Pernambuco to Paris by Dr. Continho, who recommended it as a powerful diaphoretic and sialagogue. Dr. Continho advises the patient to drink the infusion with the suspended leaves, then to go to bed and cover himself with warm clothing. In about ten minutes the face, ears, and neck become deeply flushed, and soon drops of perspiration break out over the body, whilst at the same time the mouth waters. In a short space of time the perspiration rapidly increases, the sweat running down the body and soak-

ing the clothes, whilst the salivation becomes profuse, oozing from the mouth, sometimes in an almost continuous stream. The sweating and salivation persist from two to four or five hours. Occasionally it happens that perspiration fails to follow the medicine, and salivation is more frequently absent; but when the drug fails to cause sweating it salivates, and *vice versâ*. The symptoms come on, as I have said, in about ten minutes, but sometimes, if the external conditions are not favourable, the symptoms may be much delayed, even for an hour or longer, and then, perhaps, are brought on only by brisk exercise. Hypodermically injected, the alkaloids act in three to five minutes.

The amount of saliva secreted may amount to a pint, or a pint and a half.

Pilocarpine promotes other secretions, as the tears, the bronchial and intestinal secretions, though to a far less degree than the salivary and cutaneous secretion. Thus the eyes water slightly, and sometimes there is a little running at the nose, and a slight loose cough; moreover, some observers state that it relaxes the bowels, an effect I have never witnessed in my numerous observations. In many cases these effects on the tears, etc., are absent. It does not increase the biliary secretion.

During the sweating the body temperature falls from 0·4° to 1·4° Fah., the average in my observations conducted with Mr. Gould being 0·9°. The depression lasts from one to four hours. This effect on the temperature is no doubt due to the perspiration, heat being lost by increased evaporation and radiation, more blood being probably sent to the skin during the sweating period.

In the human subject jaborandi always quickens the pulse, my original assertion on this point having been subsequently abundantly confirmed. Strange to say, Mr. Langley finds that it slows the heart of warm-blooded animals and frogs, and as regards frogs I have repeatedly verified this statement. It increases the pulse in man from 40 to 50 beats, the accelerated rate continuing for more than four hours; at the same time the pulse is weaker. Jaborandi slows, and at last arrests, the heart of frogs, whether injected under the skin or applied directly to the heart. The heart stops in wide diastole. If, when the heart is greatly slowed, or even stopped, a minute quantity of atropia is directly applied, the heart soon begins to beat again, and, ultimately, quite or almost recovers from the effect of the pilocarpine. Mr. Langley's experiments lead him to conclude that jaborandi slows and arrests the heart by stimulating the same nervous apparatus that atropia paralyzes (and so quickens the heart), namely, the intracardiac inhibitory apparatus.

It is curious that whilst jaborandi slows and arrests in diastole the heart of frogs, and, according to Langley, of warm-blooded animals, it greatly quickens the heart of man. We see the same contradiction in the action of atropia on man and the

lower animals. Atropia quickens and strengthens the heart in man and horses, dogs, etc., whilst a full dose swallowed, or topically applied, arrests the frog's heart in diastole.

Jaborandi at first flushes and then pales the face. The pallor comes on when the sweating is active, showing that the sweating is not due to the excess of blood sent to the skin.

It often produces frontal headache, sometimes with giddiness and dulness. After the internal administration, the sight frequently becomes hazy, without any alteration in the size of the pupils. But the topical application to the eye, as I have shown, causes decided contraction of the pupil. Mr. Tweedy concludes from his investigations that jaborandi, locally applied, causes (1) contraction of the pupil; (2) tension of the accommodative apparatus of the eye, with approximation of the nearest and furthest points of distinct vision; (3) amblyopic impairment of vision from diminished sensibility of the retina. These effects, however, do not last long.

Jaborandi seems to be slightly narcotic, for patients often fell asleep during our experiments.

It not unfrequently excites sickness. This can, in part, be accounted for by the large quantity of saliva swallowed; often, indeed, the vomit consists solely of saliva.

In many cases jaborandi produces pain, often severe, over the pubes, with a distressing irresistible desire to pass water, the pain at once subsiding on emptying the bladder. As the quantity of urine is not increased, it is probable that jaborandi excites contraction of the bladder.

From a few experiments I have made I think it probable that jaborandi promotes the secretion of milk.

Jaborandi affects children far less easily than adults. A small dose, as one-sixtieth of a grain, induces local swelling without any apparent general action.

Pilocarpine induces increased glandular secretion by stimulating the ends of secretory nerves.

Remedies excite sweating through their influence on the nervous system, some acting on the sweat centres in the cord, others on the peripheral secreting apparatus.

Acetate of ammonia, physostigma, nicotine, and picrotoxine, act on the cord; physostigma and picrotoxine on the sweat centres in the medulla. Pilocarpine acts on the peripheral nervous apparatus (Marmie and Nawrocki).

Ott concludes that muscarin acts on the gland cells, for on section of the sciatic nerve, in a warm-blooded animal, after an interval of nine days, stimulation of the peripheral end excites no perspiration, showing that the sweating nervous apparatus is paralyzed; but muscarin will still excite sweating in the foot of the leg with the divided sciatic.

Pilocarpine first stimulates and then paralyzes the motor nerves of involuntary muscular fibre. This action explains the infrapubic pain, the contracted pupil, and the increased intestinal movements. It also causes contractions of the uterus.

It is evident, from the previous account, that there is a marked antagonism between atropia and pilocarpine. But in three respects they correspond, for both produce frontal headache and infrapubic pain, with desire to pass water, and both affect children less than adults. In order to test the antagonism between these two drugs I have, on many occasions, administered pilocarpine, and when the sweating was profuse, I have injected hypodermically, $\frac{1}{100}$ grain of atropia, and in five to ten minutes the skin became quite dry, and the salivation ceased. Strange to say, not only did atropia remove the antagonistic effects of pilocarpine, but likewise those symptoms common to both drugs, namely, headache and desire to pass water.

Jaborandi is useful in Bright's disease, especially on the occurrence of uræmic symptoms. If uræmia is urgent pilocarpine may be injected hypodermically, and I have seen marked improvement follow this treatment. Drachm doses of the liquid extract should be given several times a day. Large doses of the extract or full doses of pilocarpine produce much depression and cannot be continued.

Dr. Berkart recommends the hypodermic use of pilocarpine in asthma; and in bronchitis when the secretion is viscid and scanty jaborandi or its alkaloid have been used successfully.

Pilocarpine, in doses of $\frac{1}{20}$ grain, given thrice daily, will check profuse perspiration, and I have often found it useful in the sweating of phthisis, and other observers have verified my statement.

G. Guttmann and many other writers highly commend pilocarpine in diphtheria. It manifests its action locally on the throat. It is stated that the promotion of free secretion of these parts detaches the false membrane. The experience of others, however, is not favourable to the employment of pilocarpine in this disease.

Some employ pilocarpine in mumps; and the accounts of some writers tend to show that this drug is useful in removing the effusions in pleurisy, hydrothorax, and ascites.

Bartholow finds a local application of jaborandi useful in baldness, and recommends the following:—Extract of pilocarpine an ounce, tincture of cantharides half an ounce, soap liniment an ounce and a half. To be applied to the scalp daily. Possibly the action is due to the cantharides.

Not only do arresters of secretion like atropia, etc., check excessive perspirations, but sweaters in small doses are equally effectual in checking undue perspiration. Thus I have shown that pilocarpine, in $\frac{1}{20}$ grain doses thrice daily, is a most efficient remedy in excess perspiration, as in phthisis. Agaracus (muscarin) and Dover's powder also check too frequent sweating, and recently Dr. Murrell has shown that picrotoxine effectually checks the night-sweats of phthisis in $\frac{1}{150}$ grain doses.

It may be administered in the form of infusion, made with sixty or ninety grains of the powdered leaf, or as tincture, a drachm of

which is equal to thirty grains of the leaf, or as the alkaloid pilocarpine, of which half a grain to three-quarters of a grain may be given by the stomach, or a quarter to half a grain hypodermically, or as the liquid extract half a drachm to a drachm three or four times a day.

GELSEMIUM SEMPERVIRENS.

This powerful drug has long been employed in America. Its physiological action has been investigated by Dr. Roberts Bartholow, Dr. Ott, and Dr. Berger.

Gelsemium, lately introduced into this country as a remedy for neuralgia, is especially useful in non-inflammatory toothache and in neuralgia of the nerves supplying the teeth and the alveolar process of the jaw.

Gelsemium is a powerful paralyzer and respiratory poison. Its paralyzing action is best studied in the frog. In these animals it often produces tetanus as well as paralysis. Whether we produce paralysis alone, or paralysis followed by tetanus, depends on the dose. Thus, as a rule, with small doses of the alkaloid, we get only paralysis: with rather larger, quiverings and tetanoid movements; and only after large doses decided tetanus.

Is the paralysis due to the influence of the drug on the brain, the cord, the motor nerves, or the muscles?

It paralyzes the spinal cord, the motor nerves and the muscles being unaffected.

The tetanus is due to the action of the poison on the cord, and I draw special attention to the fact, that the paralysis of the cord always precedes the tetanus; that gelsemia has the property of first weakening and then tetanizing the cord, thus corresponding to jaborandi, buxus sempervirens, and other drugs.

Gelsemium is a powerful respiratory poison; indeed, this drug generally, if not always, destroys warm-blooded animals by asphyxia, before it produces complete paralysis. It produces no primary quickening of respiration, and does not paralyze the phrenic nor the intercostal nerves, and it acts after the division of both vagi. It asphyxiates, as Dr. Burdon Sanderson has shown, by paralyzing the automatic respiratory centre. It salivates cats.

Some individuals, however, as might be expected, are much more prone to be affected than others. Thus a woman suffered from diplopia, headache and hazy sight after a second dose of ten minims, one in four of rectified spirit; and, in another case, two doses of twenty minims, at two hours' interval, produced well-marked

symptoms presently to be described. On the other hand, I have given drachm doses hourly, for six hours, with very slight effect; and in one instance I gave twenty minims to a delicate young woman every three hours for several days, finally causing only slight heaviness in the eyelids.

Unless given in dangerous doses gelsemium affects first and chiefly the eyes and brows. The symptoms generally occur in a certain order; not without exceptions, however, both in the order and number of the symptoms. The drug ordinarily first produces pain in the brows, followed soon by giddiness, then by pain in the eyeballs, and soon after by dimness of sight. A larger dose produces double vision without apparent squinting, with a sensation of great heaviness in or under the upper eyelids, with somewhat contracted pupils. A still larger dose causes drooping of the upper lid, sometimes so marked that the edges become nearly closed, and can be opened only by a strong and painful effort: and after straining to open them, sometimes the upper eyelid is so tired that ptosis for a short time becomes complete. The movements of the eyeball are restricted, and associated in one case with a strong double internal squint. The patient next complains of weakness in his legs, and we have never pushed the drug beyond the production of this symptom. When decidedly under the drug's influence, the patient is pale, with a heavy sleepy look. Some say their eyes feel sleepy; others yawn frequently, and say they can hardly keep awake, and when left to themselves fall asleep. Others complain of dryness of the mouth, though the tongue looks moist, and to the finger feels so. Some keep moistening the mouth with a little water, even hours after the discontinuance of the medicine.

In most instances these symptoms occur, but in some even large doses of the tincture induced only a few of the slighter symptoms. Thus, a woman took a drachm dose of tincture hourly, for six hours, without exciting headache, diplopia, or giddiness—only great heaviness of the eyes, and dimness, amounting almost to temporary loss of sight; though on a former occasion, in this very woman, we produced extreme diplopia with giddiness, with four one-drachm doses of the tincture. Diplopia, as we have shown, is generally preceded by headache, giddiness, and dimness of sight; but, in one instance, diplopia occurred without these preliminary symptoms, though, strange to say, on a subsequent occasion, in this same woman, with a larger quantity—that is, six one-drachm doses hourly—we produced much giddiness, and mistiness without diplopia.

The symptoms from gelsemium come on early, and soon subside. A single drachm dose of tincture rarely produces any marked symptom, but in from ten minutes to a quarter of an hour after the second hourly dose the symptoms appear, and reach their highest point in about half an hour, and then quickly subside, most of them

ceasing in about an hour. With the repetition of four or six hourly drachm doses the symptoms may persist six or eight hours after the last dose; but the symptoms are most marked half an hour after each dose, and then decline.

The patients described the pain in the head and eyes variously. It was generally limited to the forehead, and most marked just over the eyes. Some called it a dull sensation over the eyes; others, a heavy pain; others, a giddy pain; and one patient experienced pain over the occiput, with a sensation as of lifting the crown of the head off in two pieces. Sometimes this headache was absent, sometimes it followed instead of preceding the other symptoms. Dull aching pain in the eyeballs, now and then shooting in character, occasionally worse in one ball, sometimes followed and sometimes preceded the headache. The headache and pain in the eyeballs were often severe, and were intensified on moving the eyes. When ptosis was well-marked the effort to open the eyes widely caused considerable pain, and the patient seemed to get relief by closing his eyes.

Giddiness was another prominent and early symptom. Some felt it over the whole head; but by far the larger number said it was limited to the brows. Standing or walking made it much worse. When well-marked, the patients staggered, and were afraid even to stand, much less walk. So giddy was one patient, that he nearly fell off the form. Some described their heads as going round and round. They felt and seemed drunk, though without any incoherence, or mental excitement.

In every case the sight was affected; indeed, dimness of sight and giddiness appear to be the most constant symptoms, and may exist without headache, pain in the eyeballs, or double vision. At first, the sight, without being misty, is not so clear as usual; then slight mist comes before the eyes, one patient comparing it to a "lot of smoke rising before his eyes," and another to a "thick veil." At last the sight becomes so affected that it fails almost completely, first with distant objects; then with further impairment of vision, nearer and near objects look hazy. Gelsemium affects, too, the sight in animals. Thus, we poisoned a dog, and, after the production of slight muscular weakness, the sight became almost lost, for the animal ran straight against objects without trying to avoid them, evidently not seeing them.

The drug seems to produce two kinds of diplopia, one much more persistent than the other. As to the transient kind, we find it, on many occasions, a very passing phenomenon, lasting only a few seconds, then disappearing, then, after a few minutes, reappearing. In this transient form images in the median vertical line appear double, distant objects at first undergoing the duplication. Sometimes the patient was conscious of the onset of the diplopia; thus one woman said, "I know it is now coming on; I feel such a heavy

weight under my upper eyelid." The double vision then came on, and, with the heaviness, passed away in a few seconds. One image was higher than the other; the images in this respect varying much. Mr. T. Fox rapidly recorded, from the patient's lips, the phenomena occurring as fast as they could be written:—"One gas jet appears about six inches above the other, and there are six inches between them horizontally; the upper one is to the left; now the right is uppermost; now the left slightly again; going over to the right now again; exactly over one another now, and quite close together; now again separated, left the highest; now over one another." With other patients the two images seem on a level. Sometimes the drug produces only this transient kind of diplopia; at other times both kinds; and sometimes one kind preceded the other, the transient usually preceding the more constant form, recurring from time to time, while the constant form persisted.

The phenomena of the constant form of diplopia follow a definite order, and take place in the upper half only of the field of vision. They occur first with objects held at the extreme right or left of the visual field; and, as the patient passes more under the influence of the drug, then with objects held nearer and nearer the middle line; and at last, usually for a short time only, objects in the median vertical plane seem double. As the effect of the drug wears off, the double vision disappears in the inverse order. The outer lateral image is the higher, and the further the object is carried to the right or left the greater is the horizontal and vertical distance between the images. When a coloured glass is placed before either eye the outre and higher image is seen by the covered eye. When the object is carried high above the head the two images gradually coalesce, and the object looks very much thinner, "like a thread." With well-developed diplopia there is impaired movement of the eyeball, chiefly affecting, as far as can be ascertained, the external and internal rectus, especially the external, for the outward and inward movement of the eye-ball is less free than before the action of the medicine. The ball appears to be moved by a greater effort, so that when carried as far as the weakened muscles are capable it oscillates; as though the patient, with a great effort, moved it as far as he could, and then the tired muscles gave way a little, but being roused to an effort, they carried the eye back again, the frequent repetition of this effort giving rise to an oscillation.

The external rectus is generally first affected, and not infrequently one external rectus sooner than, and in excess of, the other. Even when the diplopia is strongly marked the loss of power over the muscles is not very great, and there is no obvious squinting. (We may remark here that we could not detect any squinting during the transient form of diplopia.) Then, as the patient becomes still more affected, ptosis supervenes, and a great part, or the whole of the

upper half, of the field of vision is cut off. The loss of power in the eye muscles is then more marked, but without the occurrence of obvious squinting. At this time the symptoms no longer follow the order previously described, but assume various forms, often changing rapidly. Thus, whilst on one side the outer image is the higher, if the object is carried to the other side of the field the inner image becomes the higher; or, perhaps, for the first few seconds the outer and then the inner is the higher.

In twenty-two out of thirty-three series of observations the pulse remained unaffected in frequency, whilst in the remaining eleven it was accelerated, the increase ranging from six to twelve beats in the minute. Curiously enough, even in the same patients the effects were variable, for although on some occasions the drug accelerated the pulse, on others it failed to affect it. This was not a mere question of dose, for an increase in the dose did not affect the result. With a patient fully under the influence of the drug we were inclined to think the pulse became a little smaller and softer. These observations show that gelsemium produces little, if any, effect upon the circulation, a conclusion confirmed by observations on the lower animals.

Dr. Burdon Sanderson concludes, from a kymographic experiment on a rabbit, that gelsemium exerts no influence on the blood-pressure.

Gelsemium acts less powerfully upon the respiratory centre in man than in the lower animals, or, perhaps, to speak more accurately, we should say that in the human subject other parts of the nervous system are affected before the respiratory tract. Thus in man the drug produces giddiness, pain in the head, loss of sight, diplopia, and ptosis before respiration is in any way affected. This ptosis may be so complete that the eyes cannot be opened, and the sight may be temporarily almost destroyed, yet the breathing will not be altered in character, or, at all events, will become only slightly more superficial. It may be said that the symptoms we have enumerated may have been overlooked in the lower animals. I, of course, cannot answer for the pain in the head and giddiness, but I am enabled to speak positively as to the absence of ptosis. I frequently noticed that when an animal was so fully under the influence of the drug as to be on its side in a condition of absolute helplessness it was still able to open its eyes widely, apparently without the slightest effort.

In the lower animals gelsemium, as we have seen, acts first on the respiratory centre, then on the spinal cord. In man, however, the muscles of the upper eyelids, or more probably their motor nerves, are considerably affected before either the cord or respiratory centre. Moreover, if the cases of poisoning are correctly reported, we are justified in concluding that in man the drug acts upon the spinal

cord before it involves the respiratory centre, for in several instances, it is recorded that the patient has recovered from a condition of complete paralysis. In my experiments on cats, rabbits, and dogs we found that the animal died from asphyxia before there was any great impairment of voluntary power.

Gelsemium, as I have already stated, has been highly praised in the treatment of cough, especially in "convulsive or spasmodic cough."

For practical purposes we recognize three different kinds of cough:—

1. Where the expectoration is free, and the cough is not in excess of the expectoration.

2. Where the expectorating power is diminished, as in emphysema and fibroid degeneration of the lung. In fibroid degeneration, owing to the great induration and thickening of the pleura, there is little or no expansion, and the air cannot be drawn into the small bronchial tubes behind the mucus, which is consequently not expelled. In these cases, although the expectoration is slight, the cough is often troublesome, and not infrequently very violent.

3. Where there is excessive excitability of the respiratory centre, and consequently a small secretion of mucus suffices to set up violent and frequent cough.

In every case the main object of our treatment is to diminish the secretion of the mucus in the bronchial tubes. This method must be chiefly relied on in the first and second varieties. In the third, we must have recourse to the administration of sedatives, and ether, chloroform, opium, and gelsemium will be found beneficial.

I have carefully watched for, but have been unable to detect in gelsemium, any influence on the mental faculties. It has been employed as a mild narcotic. Patients, when under the influence of gelsemium, with drooping eyelids, look dull and heavy, and often feel sleepy, but when asked if they are conscious of any mental depression they always answer decidedly in the negative. Nor is cutaneous sensibility affected. I have tested sensibility roughly by pricking the skin and pinching, and also in two cases by the use of the compasses, but was unable to detect any loss of sensation, either in the face or forearm, although the patients to whom I have more especially referred had taken for six consecutive hours drachm doses of the tincture, and were fully under the influence of the drug. I was led to pay particular attention to the action of gelsemium on the gums from the success which has attended its administration in neuralgia of these parts. One patient, on both occasions on which I experimented on him, complained spontaneously of a numb pain, and a little tenderness along the teeth and the edges of the gums of the upper jaw. I have never, however, in any case been enabled to detect, either by pinching or by the use of sharp instruments, any loss of sensation in these parts.

Gelsemium, in the doses in which I have employed it, does not affect the temperature.

In addition to these observations on patients I made six temperature experiments on rabbits, but the results obtained were simply *nil*. I soon found—a fact with which I was previously acquainted—that in these animals fright exerts a marked influence on the temperature. The mere holding the animal's legs, or placing it on its side with a view of introducing the thermometer into the rectum, will rapidly reduce the temperature by two degrees. My conclusions on the point in question have consequently been drawn entirely from observations on patients.

Strange to say, the effect of an internal dose of gelsemium is opposite to that occasioned by its application to the eye itself. When given by the mouth in doses sufficient to produce symptoms, the drug, in every instance but one, caused contraction of the pupil; indeed, in the case in which the drug produced weakness of the legs, with a strong double internal squint, the pupils were contracted to a pin's point. In the exceptional patient just referred to on whom I made two observations, though on each occasion I produced great giddiness, haziness, susceptibility to light, and diplopia, the pupils did not contract, but manifested a very unsteady condition, varying greatly in size, in rapid alternation, without any apparent cause. In another patient the pupils strongly contracted when exposed to light, but they dilated freely in a darkened room, and when they recontracted on exposure to light they seemed in an unstable condition, oscillating a good deal. The contraction of the pupil does not cease on the disappearance of diplopia or dimness; indeed, when the dimness passes away, the contraction of the pupil may increase.

In cases of accidental poisoning it is reported that during complete general paralysis the pupils are widely dilated, whence it might be inferred that the condition of the pupil depends on the dose—a moderate dose contracting, a very large one dilating, the pupil. This inference is possibly in part true, but the dilatation may be due likewise to the asphyxia, consequent on large doses. Dr. O. Berger finds, and my observations confirm his statements, that dilatation of the pupils in poisoned animals occurs only when asphyxia from paralysis of respiration has set in, and that artificial respiration at once causes the pupils to contract.

On the other hand, the topical application to the eye dilates the pupil. In the first instance I employed a tincture (1 in 10) of the American liquid extract. These preparations dilate the pupil slightly, but they excite great irritation. Subsequently, I employed the alkaloid prepared by Mr. Gerrard—one grain in twenty minims of water, a solution which causes scarcely any smarting. Mr. T. Fox and Mr. Sydney Pearse made for me nineteen observations. A few

drops of the solution were put into one eye, and in each case this trial pupil became widely dilatated, the dilation usually beginning in about thirty minutes. Not only does the pupil dilate, but the muscle of accommodation becomes paralyzed and the sight affected; the vision again becomes nearly natural in twenty-four hours, but the pupil remains dilated much longer, sometimes, indeed, for a week, or even a fortnight.

The fact that the internal administration contracts the pupils led me to examine carefully whether the local application to the eye causes any primary contraction; and in three instances I thought I detected very slight contraction, lasting only a few minutes.

The local application also dilates the pupils of rabbits and cats. The pupil of a cat being extremely sensitive, I thought that if the local application did cause primary contraction I should detect it best in this animal. In five observations the pupil in each instance became decidedly contracted before dilating. In one instance the contraction began in two minutes, in another it was delayed fifteen minutes, the average time being ten minutes. Its average duration was twenty-four minutes, and it was followed by wide dilatation.

I have said that the local application dilates the pupils, but I must add that in rabbits absorption sometimes takes place so readily, and these animals are so easily affected by the poison, that they become asphyxiated, and die before the pupil has time to dilate. The contracted pupils due to the internal administration of the drug, and the dilated pupils due to its local application, are both associated with dimness of sight.

I have said that the internal administration of gelsemium contracts the pupil in man and the lower animals, and that dilatation occurs only on the supervention of asphyxia, which at once disappears under the employment of artificial respiration, showing that this dilatation is due to the asphyxia and not to the drug. It occurred to me that the internal administration would probably dilate the pupil, but that a dose adequate to produce this effect so quickly paralyzes the respiratory centre that before the drug has time to effect dilatation the animal dies asphyxiated. To ascertain the validity of this conjecture I made a rabbit insensible with seven grains of chloral, then inserted a canula into its trachea, and injected into the subcutaneous tissues of the axilla thirty drops of the liquid extract, and at once commenced artificial respiration, to prevent the advent of any asphyxia. In seventeen minutes I thought the pupils were a little contracted; in twenty-six minutes well-marked signs of paralysis set in, shown at first by a difficulty in keeping up the head; in half an hour the animal could not raise its head off the table, whilst it still retained considerable power over its trunk and extremities. At this point the eyes became prominent and the pupils began to dilate, and in thirty-four minutes the animal tumbled over

on its side, and then I noticed that the pupils were decidedly larger and the eyes more prominent; but as at the expiration of an hour the pupil had not become widely dilated, I repeated the thirty minims of liquid extract, injecting it in two places into the subcutaneous tissue. Paralysis rapidly increased, till it became complete in the anterior part of the body, though still the rabbit had considerable power over its hind legs; but at last these also became almost completely paralyzed, and the animal lay on its side in a helpless state. As the paralysis advanced the pupil dilated somewhat, till at last it became above double its original size, though it never reached the degree of dilatation observable in man and cats after the local application of the alkaloid. I noticed that the animal retained the power of closing its eyes quickly and strongly, even after almost complete general paralysis, whence I conclude that the seventh or some of its branches is one of the last nerves to undergo paralysis. While performing this experiment I noticed that the anterior part of the body was first and most severely paralyzed, for after the anterior limbs were almost helpless, the animal retained a good deal of power over the posterior extremities, which likewise at last became helpless.

On another occasion I repeated this experiment, and continued artificial respiration for two hours and ten minutes. During this time I injected under the skin a drachm of the liquid extract three times, completely paralyzing the rabbit. At first the pupils became slightly contracted, but under the full effect of the drug they were slightly dilated. This experiment shows clearly that the internal administration of a large dose will dilate the pupil, though not considerably.

To sum up the effects of gelsemium, it has very little effect on the brain beyond inducing some drowsiness. It tetanizes and paralyzes by its action on the spinal cord. It paralyzes the respiratory centre; it probably paralyzes the peripheral parts of some branches of the occulo-motor nerve. It slightly depresses the heart by its direct action.

I have tried gelsemium with decided success in several cases of neuralgia of the dental nerves, even when the teeth were carious. Unfortunately, in several cases, the necessary dose to relieve pain produced much giddiness, haziness, and sometimes sleepiness, a considerable drawback. In some instances ten minims three times a day produced these toxic symptoms. To a girl of fourteen, suffering with neuralgia of the supra-orbital branch of the fifth, I gave ten minims of the tincture three times a day, and each dose produced complete ptosis of the neuralgic eye, lasting an hour or longer.

I have found tincture of gelsemium in ten-minim doses thrice daily useful in some cases of Menière's disease. In five-drop doses repeated every quarter of an hour the tincture is said to be useful in

gall-stones, and in one case in my experience it has repeatedly averted an attack. In fact, the patient gets relief in five minutes after the first dose, and all the sooner when he walks about.

A tumbler or two of hot water with a teaspoonful of carbonate of soda is said to relieve the pain of gall-stones.

It has been employed in tetanus, and in mania with sleeplessness.

It is highly spoken of in sleeplessness, especially of drunkards and from over excitement.

It sometimes benefits asthma, and is useful in ovarian neuralgia and dysmenorrhœa, and in many of the distressing symptoms often occurring at the change of life.

GRINDELIA ROBUSTA.

This composite plant has acquired a considerable reputation in America, where it is used as an antidote in poisoning by the rhus toxico-dendron, and as a remedy in asthma, and in allied diseases. The preparation of the liquid extract has proved, in many cases, so serviceable that, although my own experience with respect to it has been slight, it is so far favourable that, coupled with the strong testimony I hear from medical friends, I am induced to give a brief account of this plant, though I must own I have been greatly disappointed with it, and it has failed to realize the expectations raised by the recommendations of various writers. It slows the heart and respiration. Large doses dilate the pupil and cause sleep, when the cutaneous sensibility and reflex movements are lessened. It kills by paralyzing the muscles of respiration.

Grindelia is employed in two ways. Some give it in three-grain doses of the extract thrice daily to prevent an asthmatic attack ; others give it to cut short the attack in twenty to thirty-minim doses of the liquid extract every half hour, or hourly, beginning at the very onset of the paroxysm.

It is also used in chronic pyelitis and chronic cystitis.

BELLADONNA.

Certain animals, like pigeons and rabbits, appear to be almost insusceptible to the influence of belladonna. Dr. Horatio Wood has shown that the local application of belladonna does not dilate the pupil of pigeons, which supplements Wharton Jones's observations that when administered internally the drug has no effect on the eye. Stramonium and hyoscyamus, as well as belladonna, have very little action on pigeons, and with these substances it is indeed almost impossible to kill these birds. Two grains of atropia administered

hypodermically are required to kill a pigeon; and Calmus found that fifteen grains are required to kill a rabbit. It is said that vegetable feeders are but little affected by belladonna, but that it is a powerful poison to flesh-eaters; thus belladonna, it is asserted, has very little effect on horses and donkeys.

The preparations of belladonna are in frequent use for external applications; no other applications are so effective for the relief of pleurodynia and the hyper-sensitiveness of the skin and irritability of the muscles of the chest in phthisis as the liniment or plaster of belladonna. The liniment is preferable to the plaster, being stronger and cleaner, and should be rubbed over the tender and painful part several times daily, according to the severity of the pain. Although, as a rule, the liniment is preferable, yet in certain cases of pleurodynia the constant application of the plaster gives more relief. The liniment of belladonna, or the ointment of its alkaloid, is sometimes used in facial neuralgia.

Myalgia often yields to belladonna, although opium preparations, as the linimentum saponis cum opio, sometimes succeed better.

An attack of lumbago having perhaps affected the whole loins often leaves behind it one painful spot, which may distress the patient only when the body is moved in one direction. This remnant of lumbago generally resists the usual methods of treatment, and is perhaps driven from one spot only to reappear at another; but a large belladonna plaster will generally relieve or altogether remove this lingering pain.

Belladonna, employed either internally or externally, checks, and even suppresses, the secretion of the glands. This is true of the mammary, sudoríparous, and salivary glands, and possibly of other glands. Belladonna, it is well known, will arrest the secretion of milk, and is employed with great advantage when, from any cause, a mother being unable to suckle her child, the breasts become swollen, exquisitely painful, and threaten to inflame and suppurate, unless the tension of the ducts is relieved. If the milk cannot be drawn off artificially, the secretion must be suppressed by means of belladonna, which should be applied early, before inflammation has set in, and then, in a few hours, the swollen, painful breast gradually diminishes and soon becomes soft, comfortable, and painless. But if inflammation has set in, and the breasts become tense, shiny, hard, knotty, red, and acutely painful, the continuous application of belladonna for twenty-four or forty-eight hours will even then often remove the inflammation and tension, and arrest impending abscess. The rapid relief it gives in these cases will greatly astonish any one unaccustomed to its use. It should be employed in all cases, no matter how far the inflammation has advanced, and it will often arrest the progress of an abscess, otherwise almost certain to maturate. Even when it fails to prevent suppuration, yet it will reduce inflamma-

tion, subdue much of the pain, and greatly limit the inevitable abscess.

The liniment, the extract mixed with an equal quantity of glycerine, the ointment, or a drachm of the tincture to an ounce of olive oil, or two drachms of the liniment mixed with an ounce of lard, should be rubbed especially over the areola around the nipple. The liniment is speedily effectual.

Frequent fomentation with very hot water, unless cooler water should be found more agreeable and soothing, is an excellent adjunct, but the nurse must be cautioned to wipe the skin perfectly dry, or friction with the liniment will perhaps produce a sore.

Dr. Gabb, of Hastings, tells me that he finds the combination of belladonna with the application of an ice bag most useful in milk abscess. He smears the nipple and surrounding parts with extract of belladonna and glycerine, and covers the breast with an ice bag. The application of ice must be strictly continuous.

Belladonna will arrest not only the secretion of milk, but the secretion of perspiration. A man forty-five years old had been troubled for many months with profuse sweating of the right side of the face and neck, which used to break out on the slightest exertion, or when near a fire, or if excited, so that the perspiration ran down his face and neck in streams, soaking his collar and the band of his shirt. His face was neither red nor injected, but the sweat produced an abundant crop of miliary vesicles strictly limited to one-half the face. The liniment of belladonna, applied two or three times a day, considerably abated this excessive sweating, and reduced it to little more than the natural amount.

The effect of belladonna in this instance led me to test its influence over other kinds of sweating. If used twice or thrice a day the liniment will completely check the sweating that soaks the pillows and bedews the heads and faces of young children who have been sleeping. After a few days the application may be discontinued, and there will be no return of the perspiration. Again, many healthy adults are troubled all their lives with profuse sweating of the hands or feet, sometimes so copious as to run off in drops, and especially noticeable at the tips of the fingers, and the ball of the thumb. Belladonna liniment rubbed into the hands three or four times a day will often gradually diminish and sometimes completely arrest this annoying affection, although, no doubt, there are cases in which the treatment fails. The sweating may, at least, be arrested for a considerable time, and sometimes the good effects are permanent.

Since the publication of the foregoing remarks I have made many fresh observations, which confirm the efficacy of belladonna in checking sweating. Thus, a patient, who all her life had suffered from profuse sweating of the left side of the body, completely checked the sweating by rubbing belladonna ointment into the face

twice or three t'mes a day. Again, in cases of local sweating of the loins, over a surface a little larger than the hand, the perspiration exciting a copious eruption of eczema, belladonna checked the perspiration, and likewise cured the eczema.

Many experiments of the following kind were instituted. On several occasions a patient, after undergoing a sweating in the hot-air bath, was rubbed on one side of the face for a quarter of an hour three times a day for two or three days with belladonna ointment. The bath of the same temperature and duration was then repeated, when it was observed that the sweating, both during the process and after was very greatly lessened; also the effect was general, although the ointment was applied only to one side of the face. In some cases the ointment was rubbed into the chest, but the effects were much less marked than when applied to the face, possibly because less ointment was absorbed.

As the local application checked sweating over the whole body it was supposed that it acted by absorption, and this led to the internal administration of belladonna. The repressive effect, however, was apparently decidedly less than when locally applied, possibly because the amount of the drug swallowed was less than that absorbed by the skin. Still, no doubt the internal administration of belladonna does effectually control sweating, particularly in the case of weakly children perspiring profusely after exertion, and whilst sleeping. In the curious case of a middle-aged man, who, after much mental worry, suffered from excessive sweating of both cheeks while eating —the tendency being promoted by hot meat, or vinegar—the sweating ceasing immediately after the meal, ten drops of tincture of belladonna thrice daily checked the sweating completely. This man passed, at times, a profuse quantity of pale urine.

Employed hypodermically, atropia promptly checks sweating. After repeated experiments I find that in profuse sweating produced by the hot chamber of the Turkish bath one one-hundredth or one two-hundredths of a grain of atropia will, in a few seconds, completely dry the skin, and maintain it dry, notwithstanding the continuance of the bath. These experiments led me to employ belladonna hypodermically in the sweating of phthisis, and other exhausting diseases, and I found that one one–hundredth, or even one two–hundredths of a grain would generally arrest the sweating, sometimes for more than one night; and that in phthisis it made the patient sleep better, and quieted the cough. Dr. Murrell made, at my request, sixty experiments on phthisical patients, and he finds that the drug, equally successful with men and women in febrile and non-febrile cases, in the prostrate and comparatively strong fails in about from 8 to 10 per cent. Sometimes its effects are delayed: thus, if administered at bedtime, it may not check sweating till the following night; or its beneficial influence may extend over several nights, then

gradually wear off, so that each night the perspiration returns a little earlier. In a few cases it permanently checks the sweating. This treatment unfortunately produces disagreeable dryness of the throat; but as many phthisical patients suffer in this way, the slight aggravation of the dryness is scarcely noticeable. It may be given as a pill in one-fiftieth to one-seventieth of a grain.

Belladonna checks the secretion of the abundant foul-smelling sweat from the feet. In making the liniment eau de Cologne may be used instead of simple spirit. We meet with cases where the soles of the feet are very tender, and the skin peels off in large flakes, leaving the dermis very red. This condition is accompanied by much sweating of the feet, and is probably produced by the sweating. It is apt to persist for years, but may, in some cases, be cured in ten days or a fortnight by the local application of belladonna night and morning.

In checking sweating about the head and face too much liniment should not be applied at one time, or, becoming absorbed, it will dilate the pupil and obscure the sight.

In the cases just described it was experimentally proved that the effects are due to the belladonna and not the spirit.

Belladonna checks salivary secretion, and induces dryness of the mouth and throat.

The salivary glands are supplied by nerves derived from the seventh. That part proceeding to the submaxillary gland runs incorporate with the chorda tympani nerve. Through this nerve the submaxillary gland is stimulated to secretion. Thus, if an acid is placed on the tongue, the secretion from this gland becomes abundant; but if the chorda tympani nerve is divided, acids applied to the tongue or mucous membrane of the mouth fail to produce this secretion. If the distal end is electrically stimulated we produce the same effects as the application of an acid to the mouth; thus, the arteries leading to the submaxillary gland enlarge, and the blood passes so quickly through the gland that its veins pulsate and become filled with arterial blood, whilst an abundant secretion pours forth from the gland. If atropia is given to the animal neither acids to the mouth nor stimulation of the chorda tympani will excite submaxillary secretion. How is this arrest produced? Does the belladonna prevent the flow of a sufficient supply of blood to the gland and so arrest secretion? This view, formerly accepted, is now held to be erroneous, for though atropia will diminish the blood-supply, still, if the chorda tympani nerve is stimulated, the vessels dilate, and abundant blood is sent to the gland without augmenting the secretion; hence the action of atropia is not due to its paralyzing effect on the vaso-dilator fibres of the chorda tympani; and it is inferred that this nerve also contains fibres distributed to the cells of the gland—in fact, secretory fibres, and that belladonna paralyzes these fibres of the chorda tympani. I would point out that atropia may possibly act directly on the gland cells, this hypothesis explaining the foregoing facts as satisfactorily as does the assumption of the existence of secretory fibres.

Experiments indicate the existence of sweat centres. Luchsinger believes that these centres are situated in the lumbar and the lower part of the dorsal region of the spinal cord. Nawrocki believes that the medulla contains a sweat centre. It has been demonstrated by Luchsinger and Ostrumoff that the sweat fibres run with the vaso-motor fibres. Luchsinger and Nawrocki show that pilocarpine and atropia

affect the sweat by their action on the periphery of the sweat apparatus, and perhaps in the centre as well. Dr. Ott and Mr. W. Field also show that muscarin also excites sweating by its action on the peripheral sweat apparatus. Belladonna, as we have seen, affects the salivary secretion by its action on the peripheral part of the secretory nerves, and now it is proved that belladonna, pilocarpine, and muscarin act on the same part of the sweat nerves.

Dr. Cook has recently reported cases of salivation from mercury and scurvy, cured by the hypodermic injection of atropia.

Recollecting that in acne there is over-abundant secretion from the sebaceous follicle, I was induced to use belladonna with the hope of checking it, and indeed this treatment seemed to be of some slight service.

Whilst speaking of milk abscesses it was stated that, apart from its milk-arresting power, belladonna will in some measure subdue inflammation, and its accompanying pain. Belladonna, too, is effectual in other forms of inflammation which threaten to end in abscess. Mr. Christopher Heath has shown that belladonna will prevent the formation of abscesses in the neck and elsewhere, and after the onset of suppuration will check pain and inflammation. The belladonna treatment of boils and carbuncles often succeeds. (See Sulphides and Poultices.)

Belladonna preparations are of further use as local applications. Thus, the extract smeared over the painful cracks in the mucous membrane is employed to relieve the pain of fissure of the anus.

The extract in conjunction with tannin, in the proportion of one or two grains of extract to six or eight of tannin, is recommended by Trosseau in leucorrhœa with ulceration of the os uteri, and in neuralgia of the uterus. The belladonna arrests the too abundant secretion from the mucous glands, while its action in this respect is assisted by the tannin. In both affections belladonna is serviceable in relieving pain. The mixture of belladonna and tannin may be wrapped in cotton-wool, or made into a bolus with cocoa-nut fat, and placed in contact with the painful and over-secreting os. Some obstinate forms of leucorrhœa yield completely to this treatment.

When the disease depends on too free a secretion of the mucous glands about the os uteri, and when this condition is associated with much pain, the following injection yields good results:—bicarbonate of soda, a drachm; tr. of belladonna, two ounces; water, a pint. The syringe should be introduced as far as possible, while the patient lies on her back, with her buttocks raised by a pillow, while one or two syringefuls, used cold, should be injected into the vagina, and made to reach the mouth of the uterus. The position should be maintained for a few minutes, so as to allow the wash to remain in contact with the os uteri.

Dropped into the eye, applied to the surrounding skin, or intro-

duced into the stomach, preparations of belladonna very speedily produce extreme dilation of the pupil. This dilatation is one of the most characteristic symptoms of belladonna. In iritis, and some other eye diseases, solutions of atropia are used to produce dilatation of the pupil, and to prepare the eye for ophthalmoscopic examination. In conjunctivitis, and other inflammations of the eye, belladonna is employed both locally and internally.

The local application of the liniment or ointment of belladonna will often relieve, and sometimes even cure, neuralgia. Its efficacy is most manifest on the fifth nerve, as in neuralgia of the brow, or under the eye, accompanied by severe pains in the eyeball, and intolerance of light. Even sciatica will sometimes succumb to it.

A full dose of belladonna produces great dryness of the tongue and roof of the mouth, extending down the pharynx and larynx, inducing, consequently, some difficulty in swallowing, together with hoarseness, and even dry cough ; a large dose will sometimes induce dryness of the Schneiderian membrane, and dryness and much injection of the conjunctiva.

" After about two hours," says Dr. J. Harley, " the dryness of the mouth gives way, to be replaced by a viscid, sticky, acid, and foul-smelling secretion, and the mucous membrane becomes clammy, and the tongue is covered with a white fur." Harley produced ophthalmia in a dog by belladonna. Several of these symptoms indicate the influence of belladonna in arresting secretion.

In several instances Harley has known belladonna to cleanse and moisten the tongue of typhus fever patients. Belladonna is employed in several inflammatory diseases of the throat, and its good effects are most apparent when the throat and tonsils are acutely inflamed and swollen. It may be given in combination with aconite, but the influence of aconite on this form of inflamed throat, provided the pulse is full, and the skin hot and dry, exceeds that of belladonna.

The influence of belladonna on digestion is not known.

It is not yet satisfactorily ascertained in what way belladonna affects the intestines ; but, bearing in mind its influence on the lining membrane of the mouth, it may be conjectured that belladonna lessens the secretion of the intestinal canal. It has been asserted that belladonna increases the peristaltic movement of this canal, but others insist that whether given in small or large doses belladonna weakens the peristaltic actions. Others assert that in small doses it increases peristaltis, but in large doses paralyzes the muscular tissues of the intestine, and, indeed, maintain that belladonna affects all unstriped muscular fibre in a twofold way. It has been experimentally proved that it paralyzes the terminations of the inhibitory fibres of the splanchnics distributed to the intestines ; thus stimulation of the splanchnics will stop intestinal movement, but small doses of atropia will prevent this arrest.

Trousseau recommended belladonna in obstinate constipation, and no doubt, in many instances, it succeeds admirably. He advised doses of from one-sixth to one-fourth of a grain of the extract to be taken once a day, either night or morning, gradually increasing the dose and diminishing or discontinuing the medicine when the constipation is removed. Dr. Nunneley finds this treatment useful in all forms of constipation, especially when co-existing with dyspepsia, characterized by a thinly-furred tongue, with prominent red papillæ at the tip, epigastric tenderness, pain after food, and often more or less headache. It ensures a natural evacuation daily. It must be continued a fortnight or three weeks. The late Mr. Foster, of Huntingdon, employed a small dose of belladonna to prevent the constipating effects of iron. In some of the severest cases of constipation where powerful purgatives have failed, a suppository of one or two grains of the extract has opened the bowels.

Belladonna often relieves colic of the intestines, and is especially serviceable in colic of children.

That the active principle of belladonna is readily absorbed into the blood is proved by the symptoms. After a considerable dose of belladonna, the face becomes much flushed; the eye bright, dry, and injected; the pupil dilated; the sight dim and hazy; while the power of accommodation in the eye, for instance, is lost. The mind and senses are peculiarly affected. The ideas, at first rapid and connected, become incoherent and extravagant, and there is often decided delirium, with pleasing illusions. Sometimes the patient is seized with restlessness, keeps continually moving, and cannot be quieted. A kind of somnambulism is occasionally observed; cases are recorded where, under the influence of belladonna, the patient for a long time performs the movements customary to his occupation, and it is narrated of a tailor that he sat for hours moving his hands and arms as if sewing, and his lips as if talking.

The delirium may be furious and dangerous, requiring restraint; nay, it is recorded of a man poisoned by this drug, that so violent did he become that he was ordered to be confined in a mad-house. Sometimes a very small dose will induce mental disturbance, and so great is the susceptibility of some people that even when applied to the skin in the form of plaster or ointment belladonna induces marked cerebral disorder.

It is evident then that belladonna affects the cerebrum. Albertoni has experimentally proved, however, that it has no influence on the motor centres.

Belladonna weakens the muscular power, renders the gait unsteady and staggering, so that a patient, having lost control over his movements, may run against objects he sees, yet desires to avoid.

This loss of power is due not to the action on the muscles, but to

the action of atropia on the motor nerves; for atropia paralyzes both the terminations and the trunks of motor nerves.

Some experiments I made with the assistance of Dr. Murrell convince us that some of this paralysis is due to the depressing effect of atropia on the spinal cord.

Atropia affects the cord and excites tetanus, an effect long undetected, till it was pointed out by Dr. Fraser.

Dr. Fraser has shown (1) that in frogs tetanic symptoms follow the subcutaneous injection of a dose of sulphate of atropia equivalent to about 1,000th of the weight of the animal; (2) that this tetanus sometimes sets in on the second day, but more frequently on the third, fourth, or fifth; (3) that it varies in its duration from a few hours to seventeen days; (4) that it is due to the action of the drug on the cord (*medulla oblongata* and *medulla spinalis*).

In conjunction with Mr. Murrell I have made some experiments on the subject. Our observations were made during the months of May, June, and July. The frogs used for the experiments were, with a few exceptions, the ordinary *Rana temporaria*. We employed, except when the contrary is stated, a 1 in 20 solution of sulphate of atropia in water, the requisite dose being injected either under the skin of the back or into the axilla. The first twelve cases were observed thrice daily, between seven and eight in the morning, one and two in the afternoon, and five and six in the evening. In the subsequent experiments observations were made much more frequently, with the view of determining how rapidly paralysis occurred, how soon it reached its height, and how quickly it declined. In some cases the animal was under almost continuous observation for many hours, in others the notes were taken every eight or ten minutes for the first hour, and hourly for every three hours subsequently. We may take this opportunity of explaining that whenever we employ the term "pithed and pegged" we mean division of the cord by cutting, and destruction of the brain by the introduction of a piece of wood into the cranial cavity. Like Dr. Fraser, we often obtained strong tetanus from the subcutaneous injection of atropia, but found that his dose (from $\frac{1}{735}$ to $\frac{1}{1250}$ of the weight of a frog), usually killed our animals instead of producing the desired result. With a smaller dose, however, namely, from $\frac{1}{1500}$ to $\frac{1}{2000}$, we were more successful. In our experiments the tetanus commenced earlier than in Dr. Fraser's, our average period of onset being twenty hours. In one case it was well marked in three hours, whilst in the longest it was delayed twenty-eight hours. With us, too, it lasted for a shorter time, for in one animal it continued only eight hours, and never, in any instance, exceeded five days. We imagine that these differences are due to the time of the year at which the observations were made.

Why is the tetanus so long delayed after atropia poisoning? One writer, referring to Dr. Fraser's paper, says that the paralysis of the motor nerves prevents the tetanic condition of the cord from displaying itself on the muscles, but Dr. Fraser himself nowhere makes this assertion, and, indeed, his cases prove the contrary.

This proffered explanation we hold to be erroneous, for the following reasons:—

I. Bezold and Blœbaum have shown that even with very large doses it is difficult to destroy completely the conducting power of the motor nerves, and it is obvious that as long as their conductivity is in the smallest degree retained the tetanic condition of the cord must produce more or less tetanus of the muscles.

II. The onset of tetanus is delayed even in cases in which the dose of atropia is so small as to produce but slight paralysis, and it must be admitted that if the motor nerves are capable of conveying voluntary and normal reflex impressions they can conduct tetanic reflex stimuli. Thus, in many of Fraser's cases, there was never complete loss of reflex and voluntary power during the period which elapsed between

the injection of the drug and the onset of tetanus. It will be found that, of the cases in which he obtained tetanus, there were twelve in which the paralysis was incomplete ; that in seven of the thirteen in which it had been complete a partial recovery of reflex and voluntary power had taken place for a day or more before the onset of tetanus. In eleven of our own twenty-six cases there was incomplete paralysis of reflex action and voluntary power, and in all these cases the onset of tetanus was delayed. In two cases, indeed, both voluntary and reflex power had been completely regained before tetanus set in. In one case in which there had been complete paralysis it began to improve five and a half hours before the commencement of tetanus.

III. If the poison be prevented from having access to certain limited regions by ligature of the nutrient vessels, the onset of tetanus is still delayed even in these protected parts. Fraser gives an account of four experiments, in which he adopted this mode of procedure. In three, before poisoning the animal, he tied the femoral vessels, and in one the abdominal aorta, and yet tetanus did not occur in the protected limbs till twenty-two hours, fifty-one hours, three days, and twenty-two hours respectively.

We have tested the action of atropia on ten pithed and pegged frogs, in which before poisoning the abdominal aorta had been tied. The following was our mode of procedure :—We first divided the medulla by cutting through the occipitoatlantal membrane, and then passed a pointed wooden peg upwards through the foramen magnum into the skull, so as to destroy the brain, and then tied the abdominal aorta just above its bifurcation. In three cases in which we obtained tetanus it was delayed for twenty-five, nine, and four and a half hours respectively.

We conclude, then, for these reasons, that the late occurrence of tetanus in atropia poisoning is not due to paralysis of the motor nerves, but that it is owing to the cord being slowly affected. It appears that whilst the poison quickly paralyzes it takes many hours, or even days, before it tetanizes.

It has been suggested that this delayed tetanus, which often sets in from the third to the fifth day, cannot be directly due to the atropia, but must depend on some products slowly formed within the body by the atropia.

This explanation appears to me to be wrong, for the following reason :—Atropia corresponds to other tetanizers, and conforms to Fraser's law, that when alkaloids producing tetanus are converted into ethyl or methyl compounds they lose their power of exciting tetanus, and paralyze the ends of the motor nerves. Ethyl-atropium does not tetanize, but is a powerful paralyzer of the motor nerves, far more so than atropia itself.

The afferent nerves are unaffected, or but little affected by atropia.

Most observers state that atropia produces severe pain in the head, generally over the forehead, and in the eyes, and sometimes the top of the head. Singing in the ears also occurs, with more or less giddiness. In persons poisoned by this plant spasmodic contraction of the sphincter of the bladder has been not unfrequently observed, and a scarlet rash often breaks out on the skin, a rash said to be like that of scarlet fever, and to be most marked in the neighbourhood of the joints. Mr. J. G. Wilson reports a case in which the local appli-

cation of belladonna produced a general red rash, with redness of the throat and dilated pupils.

The first effect of belladonna on the pulse is to increase its frequency, fulness, and force, to the extent even of fifty to sixty beats in the minute, moderate doses at the same time increasing the blood-pressure. This condition of the circulation continues till the tongue and mouth become moist and clammy, when the pulse diminishes in frequency, and loses strength. (J. Harley.) In fatal cases the pulse grows rapid, intermittent and weak. Dr. J. Harley considers belladonna a powerful heart tonic, and he points out how it serves to reduce the frequency and to strengthen the beats of the heart when weakened by disease.

Atropia paralyzes the terminations of the vagi, for in animals poisoned by atropia neither section nor galvanization of the vagi affects the heart. When injected into the carotid, so as to reach the central nervous system before the nerves, atropia first reduces the number of the heart's beats, showing that it stimulates the nucleus, whilst it paralyzes the terminations of the vagi.

Atropia paralyzes an intracardiac inhibitory apparatus. Thus, after poisoning by curare, stimulation of the vagi has no effect on the heart, but, on the application of the electrodes to the sinus the heart is at once arrested. Curare paralyzes the terminations of the vagi, but leaves unaffected an inhibitory apparatus in the heart itself. After poisoning by atropia neither stimulation of the vagi nor of the sinus affects the heart, whence it is concluded that atropia paralyzes the intracardiac inhibitory apparatus.

Atropia is considered to stimulate the cardiac accelerator nerve.

Both reasoning and experimentation led Mr. Schäfer, Professor of Physiology at University College, to recommend the use of atropia during the inhalation of chloroform. The chief source of danger during the use of chloroform is its depressing action on the heart, the heart, in many fatal cases, suddenly ceasing to beat. This action, Mr. Schäfer believes, is due to the chloroform stimulating the inhibitory cardiac apparatus. No doubt, too, some of the cases of sudden death are due to the effect of the operation on the nervous system. Thus, it is well known, that when the leg of a frog is crushed, the heart stops, but division of the vagi prevents this stoppage. Now Schäfer argues that a dose of atropia, sufficient to quicken the pulse, *i.e.*, to paralyze the inhibitory cardiac apparatus, will prevent chloroform stopping the heart, and its arrest through shock.

Dr. Nunneley asserts that in the frog belladonna neither increases the frequency of the heart's beats nor dilates the pupil, and this statement has been abundantly corroborated in respect to its action on the heart, showing that belladonna must affect the frog otherwise than man and some other animals, as the dog, the horse, etc.

Luchsinger finds atropia paralyzes smooth muscular fibre, but not

striped muscular fibre; hence it does not affect the striped muscular fibres of the irides of birds and reptiles.

Atropia in moderate doses heightens arterial pressure, probably by its influence on the vaso-motor centre. Under large doses arterial pressure falls, from direct paralysis of the muscular coat of the blood-vessels.

The action of belladonna on the pupil has been variously explained, some believing that it depends on paralysis of the third nerve supplying the iris; some teaching that it is due to excitation of the sympathetic; others maintaining that belladonna produces the dilatation by preventing turgescence of the vessels of the iris. From a survey of the numerous observations of various experimenters, Dr. H. Wood, in his able and valuable work, concludes that atropia, applied locally, causes mydriasis by paralyzing the peripheral ends of the oculo-motor nerve, probably by stimulating the peripheral ends of the sympathetic. Given internally, atropia almost certainly causes mydriasis, not indirectly by influencing the nerve-centres, but by being carried in the blood to the eye itself, and there acting precisely as if applied locally.

To briefly sum up the action of atropia, we find:—

1. It tetanizes the cord and heightens its reflex function.
2. It stimulates the respiratory centre and the inhibitory centre of the heart.
3. It stimulates the cardiac accelerator nerve or its centre.
4. It stimulates the vaso-motor centre, and so heightens arterial pressure.
5. It paralyzes the motor nerves, first affecting the trunk.
6. It paralyzes the terminations of the vagi, both in the heart and lungs.
7. It paralyzes the terminations of the secretory nerves of the salivary glands, and those of the sweat glands.
8. It paralyzes the terminations of the inhibitory fibres of the splanchnics.
9. Large doses slightly depress the functions of the afferent nerves.
10. It paralyzes the terminations of the oculo-motor nerves, and stimulates the sympathetic, so far as the iris itself is concerned.

It appears then, that whilst to a large part of the central nervous system it acts as a "stimulant," to many of the nerves it operates as a paralyzer.

The influence of belladonna on the sympathetic led Dr. R. T. Smith to employ it in two cases of exophthalmic goitre—a disease regarded by some as due to paralysis of the sympathetic of the neck. The effects were striking. Five minims of the tincture hourly afforded great relief in four or five days, though the disease had lasted more than a year. In two months the exophthalmos had

much lessened. Homœopathic doctors have long employed this treatment.

Belladonna is often used to relieve pain. Dr. Anstie considers it the best remedy to mitigate every kind of pain in the pelvic viscera. Some neuralgias, no doubt, yield to this medicine, and it appears to possess most efficacy over neuralgia referable to the fifth nerve. Cases are recorded of relief afforded by it in sciatica.

Trousseau recommended the following method of treating neuralgia:—To administer one-fifth part of a grain every hour till giddiness is produced, and then to lessen the dose; but to continue the medicine for several days.

Trousseau also employed belladonna successfully in epilepsy, according to the following method:—"During the first month of treatment the patient takes a pill, composed of extract of belladonna and powdered leaves of belladonna, of each one-fifth part of a grain every day, if the attacks occur chiefly in the daytime; or in the evening if they are chiefly nocturnal. One pill is added to the dose every month; and, whatever be the dose, it is always taken at the same period of the day. By this means the patient may reach the dose of from five to twenty pills, and even more." The dose is to be regulated by circumstances. This treatment, it is said, even when it fails to cure, yields much relief.

Belladonna often allays both the cough and oppressed breathing of asthma. To ensure success it must be employed in considerable doses, as Dr. H. Salter pointed out, and I have often verified his observations. Ten minims of the tincture every two or three hours, a quantity generally well borne, is often sufficient; but, if any of the undesired symptoms of belladonna set in, the dose must be reduced. If the patient is not very susceptible to the action of the drug, far larger doses are sometimes required. Thus, occasionally half a drachm of the tincture hourly is well and advantageously borne. Such a dose need only be taken at the time of the paroxysm; but when this lasts several days the medicine should be given in the quantity recommended till an impression is made on the disease. The effect is chiefly satisfactory in either averting the attack or rendering it milder.

Belladonna is one of the best remedies for whooping-cough; but as in asthma, to obtain any good from it, it must be employed in considerable doses. To children two and three years old I often give as much as ten minims of the tincture every hour, and this quantity usually produces no effect, except on the cough, neither dilating the pupil, nor, so far as one can judge in children so young, making the throat dry; and it certainly does not in children a little older, who are able to express their feelings.

Should drowsiness, delirium, or dilatation of the pupil occur, of course the dose must be diminished. The only symptoms I have

witnessed from these large doses is dilatation of the pupil. Children, it is well known, bear belladonna much better than adults; hence the slight effect of so large a dose, and the small influence which a less quantity exerts on whooping-cough—a disease of childhood. Some writers state that children become rapidly accustomed to belladonna. These large doses, however, may be given at first, and in the course of many cases I have never had to give less on account of any toxic effects. These doses often much reduce the severity and frequency of the cough, even during the period when it is most violent and convulsive. But, like all other remedies in this disease, belladonna is of little use if the child is exposed to cold and cutting winds. If the weather is cold the child should be confined to the house in a warm room; if the weather is mild, out-door exercise is, of course, highly beneficial; but cold must be most carefully avoided.

While there can be no reasonable doubt of the great efficacy of belladonna in many cases of whooping-cough, it must be admitted that in many instances, without apparent reason, it fails. Influences, at present not understood, appear to modify its effects; for in some epidemics it is very successful, while in others it appears to be inoperative. Belladonna exerts but little effect on whooping-cough when bronchitis or any irritation exists, as that from teething, worms, etc. If the gums are red, swollen, and painful, they must be freely lanced, and other sources of irritation removed. Belladonna is considered of especial use in the third week of the attack—at a time, that is, when the febrile stage has passed away, and the violence of the convulsive attacks is declining.

Belladonna is often useful in other coughs, although with our limited knowledge on this subject it is impossible to lay down precise rules for its employment.

It is often useful in certain forms of headache—for instance, when the pain is situated over the brows and in the eye-balls, which seem as if too large for the head, and as if they would be forced out of the skull. These headaches are not due to stomach or uterine derangements; indeed, very often their cause cannot be discovered. They are especially peculiar to young women, and they seem due to weakness and overwork. Three minims of the tincture should be given every three hours.

It is said that belladonna controls the delirium of fevers—as of typhus fever.

Dr. John Harley finds belladonna useful in typhus fever. It slows and strengthens the pulse, reduces temperature, moistens the tongue, and he thinks shortens the course of the disease. Its prolonged use makes the heart irritable.

Belladonna is both speedier and more certain than any other remedy in removing that troublesome affection, incontinence of urine. It must be given in doses of from ten, twenty, to thirty drops of the

tincture three times a day; small doses often fail when large ones at once succeed. It may take a fortnight to succeed. Sometimes the incontinence is not limited to the night, but may trouble children during the day. These severe forms will often yield to belladonna: but while in some cases it is thus effectual, still it often fails altogether, although no worms infest the intestines, no irritation exists about the rectum, and no reason seems to exist to account for its failure. Strychnia, cantharides, turpentine, santonine, or galvanism, should then be tried. In nocturnal incontinence the child should drink but little some hours before going to bed, and he should be waked in the middle of the night to pass water.

It sometimes checks the incontinence of urine of the old or paralytic.

Belladonna, used internally or externally, is certainly efficacious in erysipelatous inflammation. It may be given in combination with aconite; but when the skin is hot and pungent, and the pulse is firm and resistant, aconite exerts over this inflammation an influence far more potent than that of belladonna.

Belladonna has been recommended as a preventive of scarlet fever, but so much prejudice has been introduced into the discussion of this question that it is difficult to conclude whether it has any prophylactic virtue.

Belladonna has been found of service in the treatment of seminal emissions; a grain and a half of sulphate of zinc with a quarter of a grain of extract of belladonna, three or four times a day, is often a successful remedy in cases of nocturnal emissions.

Atropia is antagonistic to opium, Calabar bean, muscarin, jaborandi, bromal, aconite, and prussic acid.

As belladonna and opium are in some respects reciprocally opposed in their action, as on the eye, etc., it has been assumed that they must be opposed in every particular, and that one is an antidote to the other. Many cases are adduced of opium poisoning, where the symptoms, although very serious, were apparently removed by belladonna, and *vice versâ*. Dr. Erlenmeyer is of opinion that, in respect to their action on the brain, these agents are antagonistic, and that no coma will result when they are administered conjointly; but they exercise no mutual counteractive influence on the sensory nerves, and hence he recommends them in combination to relieve pain. On the other hand, some authorities, among whom may be named Brown-Séquard and J. Harley, dispute this antagonism, on the ground that the cited cases are insufficient to prove it; and it has not been observed in experiments on the lower animals and on man. It must be remembered, however, that these drugs do not similarly affect animals and man. The reported cases in favour of this antagonism have been severely criticized by Harley, who points out that many were treated by other remedies besides belladonna; in others a fatal dose

is not proved to have been taken; and the patients who recovered did not improve sooner than if no belladonna had been administered. Harley concludes, and in most respects he is directly opposed to Erlenmeyer: — "1. That in medicinal doses the essential effect of morphia (hypnosis) is both increased and prolonged by the action of atropia, whether introduced previously or at any time during the operation of the former. 2. That atropia relieves, and if given simultaneously, or previously, prevents the nausea, vomiting, syncope, and insomnia which frequently result from the action of opium. 3. That in a sufficient proportion (for most individuals one forty-eighth part of a grain of sulph. atropia to a quarter of a grain of acetate of morphia) atropia neutralizes the contractile effect of opium on the pupils; but in larger doses dilatation takes place as if no morphia had been given. It is also to be observed that if the quantivalent doses are *successfully* introduced the drug last administered exhibits for a short time a counteracting effect. 4. That all the other effects of atropia are intensified and prolonged by the action of morphia, induced previously or at any time during the operation of the former. If, however, the dose of atropia be small, and the morphia produce considerable deranging effects on the vagus, the rapidity of the pulse is not greater than when the atropia is administered alone." Had Harley given opium in a dose just sufficient to destroy life, and had death ensued after the employment of belladonna, he would have proved that belladonna would not arrest the fatal effects of opium, and *vice versâ*. In no reported instance did he use enough of either substance to destroy life; hence his observations are not so convincing as they might have been; but as belladonna intensified the coma from opium his observations are valuable.

On the other hand, Dr. Johnson of Shanghai, who, during his residence in China, had striking experience of opium poisoning, having treated in various ways upwards of 300 cases, speaks in the strongest terms of the antagonism between opium and belladonna. It is, he says, in the worst cases of poisoning that atropia displays its wonderful effects; for instance, where the immovable pupils are contracted to a pin's point, the conjunctiva insensible to touch, the face pale, the lips, eyelids, and nails livid, the pulse weak and irregular, the breathing slow and stertorous, the extremities cold, in ten or twenty minutes after the injection of half a grain of atropia the pupils begin slowly to dilate, and in an hour or so the face becomes flushed, the breathing soft without stertor, and the pulse stronger. If within two hours the dose fails to produce these restoring effects Dr. Johnson repeats the injection. In less profound coma he first employs a quarter of a grain of atropia.

The Edinburgh Committee, presided over by Dr. Hughes Bennett, conclude :—

1. That sulphate of atropia is within a limited range physiologically antagonistic to meconate of morphia.

2. Meconate of morphia does not act antidotally after a large dose of atropia; thus, whilst atropia is an antidote to morphia, morphia is not an antidote to atropia.

3. Meconate of morphia does not antagonize the effect of atropia on the branches of the vagi applying to the heart.

While there is doubt concerning the antagonism between opium and belladonna the interesting experiments of Fraser have demonstrated beyond question that atropia is an antidote to physostigma; and, as the action of these substances on man and animals is identical, he concludes that atropia will neutralize the fatal effects of physostigma on human beings. His experiments were conducted in three ways:—(1.) He administered the atropia before the physostigma; (2.) he administered them together; (3.) he administered the physostigma, and, after the animal was completely paralyzed, he injected atropia. In each series of experiments atropia averted the fatal effects of physostigma, although physostigma was employed in fatal quantities, as was afterwards proved by administering to the animal the identical or even a smaller dose by itself, when in every instance the animal speedily died. Fraser concludes that "the lethal effects of doses of physostigma greatly in excess of the minimum fatal may be prevented by doses of atropia greatly below the minimum fatal." He recommends, that "in treating cases of poisoning in man the sulphate of atropia should be given by subcutaneous injection, in doses of from one-fiftieth to one-thirtieth part of a grain. The exhibition of the antidote should be persevered with, in repeated doses, until the pupils are fully dilated and the pulse rate increased, and probably also until the hypersecretion of bronchial mucus, which greatly impedes respiration, is completely checked."

He thus summarizes the antagonism between these two substances:—"That physostigma increases the excitability of the vagi nerves, while atropia diminishes and suspends this excitability; that physostigma diminishes the arterial blood-pressure, while atropia increases it; that physostigma greatly augments the secretion of the salivary, bronchial, intestinal, and lachrymal glands, while atropia diminishes, and even completely checks, the secretions; and that physostigma contracts the pupils, while atropia, to a much greater relative extent, dilates them. Besides these effects of the action through the blood, various opposed topical effects have been observed, among which is the contraction of the veins by physostigma—the existence of which rests on the high authority of Mr. Wharton Jones—and the contraction of the arteries by atropia."

Dr. Fraser has recently published some further experiments on the antagonism between physostigma and atropia, being led to this investigation by reflecting that while, no doubt, the more active and

poisonous effects of physostigma are antidoted by atropia, still it seemed possible that physostigma might possess some properties—might affect some part of the body in a manner not opposed by atropia—and that both poisons might possibly possess certain properties in common, so that while some of the poisonous properties of each substance were antagonistic, other poisonous properties might not be so opposed, nay, might be similar in kind and assist each other. His experiments confirm these conjectures. He found that after a minimum fatal dose of physostigma death could be averted by a dose of atropia, varying greatly in quantity; but as he increased the dose of physostigma, so the range of antidotal doses of atropia became diminished, and so far from requiring a larger maximum antidotal dose, the greater the quantity of physostigma administered the smaller became the maximum antidotal dose of atropia, till at last a point was reached when atropia ceased to avert death. For instance, with a minimum fatal dose of physostigma, a dose of atropia varying from nine-thousandth to five grains prevented the rabbit's death; but on increasing the dose of physostigma to one and a half times the minimum fatal dose the antidotal dose of atropia ranged from one-fiftieth of a grain to four grains; and on augmenting the dose of physostigma to two and a half times the minimum fatal dose, the antidotal dose of atropia ranged from one-fortieth to two grains and a half. With three and a half times the minimum fatal dose of physostigma the range of atropia sufficient to avert death was reduced from one-tenth of a grain to one-fifth of a grain, and with four times the minimum fatal dose of physostigma atropia failed to avert death. Here, while atropia prevented the more powerfully fatal effects of physostigma, yet, on increasing the dose of this drug, a point at last is reached when its properties, not antagonized by atropia, become fatal. But the fatal issue is not solely due to increasing the non-antagonized properties of physostigma, for the range of an antidotal dose of atropia became lessened in proportion as the dose of physostigma was increased, showing that the atropia assisted the physostigma. The fact is also shown by the experiment of injecting simultaneously one-half the minimum fatal dose of each substance with the result of killing the animal.

The foregoing experiments, moreover, make it apparent that atropia is an antidote for only a given quantity of physostigma, and that if the physostigma is increased a quantity at last is reached, the more active properties of which, no doubt, are neutralized by atropia, but the other properties, in conjunction with similar ones of atropia, are sufficient to cause death.

It is a most singular fact, that while the minimum fatal dose of extract of physostigma is 1·2, and that of atropia 2·2 grains, yet the nine-thousandth of a grain of atropia injected five minutes before

giving a minimum fatal dose of physostigma prevents its fatal effects; in fact, a quantity of atropia which produces no perceptible effects will avert many of the serious effects of a fatal dose of physostigma.

Although it is experimentally proved that atropia can avert death from physostigma the question yet remains unsettled whether physostigma can prevent death from atropia.

Dr. Fraser conceives that "with regard to the counteracting actions themselves, it is to be observed that various of the facts mentioned in the record of experiments (of this paper) tend to make mutual antagonism, probably not only of one, but of several, of the actions of physostigma and atropia; and it is legitimate to suppose that, with a given dose of physostigma, the counter-action produced by a certain amount of atropia will be more perfect in the case of one or more of the antagonistic actions than in that of others; and that with certain doses of the two substances such incompleteness of counter-action may exist as would, even without the occurrence of *non*-antagonized action, suffice for the production of death."

The Edinburgh Committee confirm Fraser's statements, but find that the range of antagonism is even more restricted than the limit fixed by this investigator.

Dr. Brunton has drawn attention to the antagonism between atropia and the poisonous principle of fungi—muscarin. Dr. Schmiedeberg had previously pointed out an antagonism in respect to the action of these drugs on the heart; thus, whilst topically applied muscarin will arrest the heart of a frog, a mere trace of atropia, applied to this organ, will sometimes restore the pulsations even after the heart had ceased beating for four hours.

The poisons have likewise an antagonistic action on the pulmonary blood-vessels. Muscarin produces intense dyspnœa and emptiness of the arterial system, so that cut arteries scarcely bleed at all—effects which Brunton has proved to depend on spasm of the pulmonary vessels. He narcotized an animal with chloral, and, after the lungs were exposed, kept it alive by means of artificial respiration, in which state a dose of muscarin caused blanching of the lungs, distension of the right side of the heart and vena cava, and shrinking of the left ventricle. A little atropia now injected into the jugular vein at once removed these phenomena; the lungs became rosy, the distension of the right side of the heart subsided, and the left ventricle regained its natural size. Atropia removed the dyspnœa as well as the other symptoms produced by muscarin.

Muscarin, moreover, stimulates the terminations of the chorda tympani nerve, and increases salivary secretion, exhibiting in this respect also an antagonism to atropia. Muscarin also excites copious perspiration. (See Muscarin.)

There is a well-marked and interesting antagonism between atropia and jaborandi. Jaborandi excites profuse perspiration and salivation, and when applied to the eye it contracts the pupil, and, as Mr. John Tweedy has shown, causes tension of the accommodative apparatus, in these respects being obviously the antagonist of atropia. Jaborandi also produces a dull pain over the eyes, sometimes associated with giddiness; likewise over the pubes, with an urgent desire to pass water, in these results as regards symptoms corresponding to the action of atropia; yet, even in this respect, these drugs are opposed; for the injection of $\frac{1}{100}$ gr. of atropia not only speedily checks the sweating and salivation produced by jaborandi, but checks also the headache and pain over the pubes, with desire to pass water. Mr. Langley has pointed out that these drugs are antagonistic as regards their action on the heart; thus, jaborandi at first slows, and then arrests the heart in diastole, whilst atropia restores the heart's action, even after its arrest for a considerable time. Atropia, as we have seen, paralyzes the terminations of the pneumogastric nerves, and Langley shows that jaborandi at first stimulates and then paralyzes these nerves. Its antagonistic effects on the heart are not due to its influence on the pneumogastric, for it slows and stops the heart after the complete paralyzation of the pneumogastrics by curare. The effect of jaborandi on the human heart appears to be different, for in a large number of observations I found that jaborandi always considerably quickened this organ. In two respects these drugs agree; thus, each flushes the face, and both affect children much less than adults. (See Jaborandi.)

Muscarin and pilocarpine, it is taught, stimulate the vagi, and so inhibit the heart and arrest it in diastole. Atropia paralyzes the vagi, and so prevents the action of muscarin and pilocarpine. This view is no longer tenable. Muscarin and jaborandi paralyze the excito-motory apparatus and the muscular substance of the heart, and atropia must antagonize these substances in these structures. Atropia itself weakens the heart, probably by its action on both the excito-motory and muscular substance. So we have an instance of a poison which paralyzes the excito-motory and muscular substance of the heart, antagonizing a poison which also paralyzes the excito-motory and muscular substance. Pilocarpine also antagonizes the action of muscarin on the heart, and in this respect is almost as efficient as atropia. Thus we have another instance of a paralyzer of the motory apparatus and muscular substance of the heart antagonizing a poison which affects the heart in exactly the same way.

Atropia also antagonizes the action of aconitia on the heart.

Atropia, however, does not antagonize the action of digitalis nor of veratria on the frog's heart. Digitaline antagonizes the action of muscarin, pilocarpine, aconitia and atropia.

I venture to suggest that these antagonisms may be due to chemical displacement That atropia, having a stronger affinity for the excito-motory and muscular substance of the heart than muscarin, pilocarpine, or aconitia, consequently replaces these substances, substituting its own action for that of muscarin, pilocarpine, or aconitia, and atropia is a much less powerful paralyzer than muscarin, pilocarpine, or aconitia. Indeed, atropia only slows and weakens, but does not arrest the heart,

whilst muscarin, pilocarpine, and aconitia speedily arrest the heart in wide diastole. Hence, on the addition of a little atropia, we replace the action of muscarin, or of pilocarpine, or of aconitia, by the weakening and slowing action of atropia.

Digitaline and veratria have a stronger affinity for the cardiac structures than even atropia, and hence they antagonize the action of atropia and of all the substances that atropia antagonizes. As, however, digitaline completely arrests the heart, on its addition to a heart arrested by muscarin or aconitia we do not restore the lost pulsations, but change the character of the heart, converting the widely-dilated, flabby, distended red heart of aconitia into the small, hard, pale, rigid heart of digitalis.

Atropia is antagonistic to bromal. Bromal ordinarily destroys life by increasing the bronchial and salivary secretion to so great an extent that the animal is choked by it. Now atropia checks these secretions, and thus prevents the lethal effects of bromal. But, on the other hand, it need hardly be said that bromal will not prevent the fatal effect of atropia, for this drug does not destroy life by its influence on the bronchial mucous membrane or salivary glands.

Dr. John Harley points out an interesting antagonism between aconitia and belladonna. He poisoned a dog with aconitia, and reduced the pulse to 65 and 75 per minute, and then gave gr. 1-96th of atropia, with the speedy effect of both quickening and strengthening the heart, and in three-quarters of an hour the heart beat 300 per minute, being 230 beats faster than before the administration of atropia. Harley adduces this experiment to show that atropia affects the heart by its stimulating action on the sympathetic, and thus atropia both strengthened and quickened the heart's beats; but whilst atropia by paralyzing the vagi might quicken the heart it could not increase its strength, this being probably due to the action of the atropia on the excito-motory cardiac apparatus.

Preyer maintains that atropia, by paralyzing the peripheral branches of the vagus nerve, will prevent the arrest of the heart's contractions, by hydrocyanic acid, and is thus an antidote to it.

That atropia is separated from the body in part by the urine may be proved by putting into the eye some of this secretion voided by one under the influence of belladonna. J. Harley states that atropia is eliminated from the body within two hours, none after that time being found in the urine.

Dr. Garrod has shown that caustic fixed alkalies destroy the active principle of belladonna, hyoscyamus, and stramonium, but that carbonates and bicarbonates of potash and soda do not destroy it. Lime-water, too, is equally destructive; hence it has been recommended as an antidote in belladonna poisoning. (J. Harley.)

ETHYL-ATROPIUM. METHYL-ATROPIUM.

THE action of these substances, in which an atom of ethyl or methyl is substituted for a molecule of H in atropia has been studied by Fraser with his accustomed thoroughness and ability. Fraser experimented with iodide of methyl-atropium, sulphate of methyl-atropium, and iodide of ethyl-atropium. In conjunction with Dr. Murrell I have studied the actions of ethyl-atropium. We experimented with uncombined crystalline ethyl-atropium, prepared for us by Mr. Wright, under the direction of Dr. Graham, Professor of Chemistry at University College.

From experiments on frogs, Fraser concludes that these substances paralyze the terminations of the motor nerves, leaving unaffected the sensory nerves and spinal cord. Our experiments led us to conclude that ethyl-atropium paralyzes the motor-nerves and the spinal cord, but leaves the sensory nerves unaffected.

Like Fraser, we find that these compounds do not tetanize.

Fraser ascertained that whilst atropia produces in dogs both paralysis and convulsions, ethyl-atropium induces only paralysis.

His experiments on rabbits show that these substances powerfully paralyze the cardiac inhibitory fibres of the vagi.

In fatal doses Fraser finds that ethyl-atropium slightly dilates the pupil. We have given it to men in doses sufficient to produce decided symptoms, but without causing any dilatation of the pupil. We all find that its topical application to the eye widely dilates the pupil ; but our experiments on man show that in twelve or twenty-four hours the dilatation nearly or quite passes off.

In our experiments on man, this drug, given in doses sufficient to produce marked symptoms, neither strengthened nor quickened the heart ; hence we may infer that in the doses we gave it does not in man paralyze the vagi.

In a man a dose of one grain, given hypodermically, produces decided but transient paralysis, the patient being unable to stand or walk, and the head dropping rather towards the shoulder or chest, and the upper eyelids drooping. Fraser finds that in fatal doses it produces complete paralysis in dogs and rabbits.

In man ethyl-atropium excites pain over the eyes, but, unlike atropia, it does not excite delirium nor produce coma, nor does it check the salivary or the cutaneous secretion.

Fraser finds that these compounds act more powerfully on frogs, and rabbits, and dogs than atropia. Our observations confirm his statement as regards frogs, but we find that the action of ethyl-atropium on man is far feebler than that of atropia. Thus a grain given hypodermically excites merely slight but distinct symtoms, whilst a grain of atropia produces great weakness and sleep, lasting some hours, with delirium.

It seems, therefore, that atropia conforms to Fraser's law, namely, that a tetanizing alkaloid, when converted into an ethyl or methyl compound, loses its tetanizing action, and produces paralysis of the motor nerves. But in the conversion of atropia into ethyl-atropium and methyl-atropium many of the other effects of atropia are lost ; thus, like atropia, these compounds dilate the pupil, paralyze the terminations of the cardiac inhibitory vagus fibres, and paralyze, in a far greater degree, the motor nerves, whilst it loses the atropia properties of tetanizing, or diminishing

the salivary and cutaneous secretion, of affecting the brain, and, according to Fraser, of paralyzing the cord.

In respect to the effect of these compounds on the cord we suggest that there may have been some slight difference in the preparation used by Fraser and that prepared for us. Our observations were very carefully performed, and we believe they may be relied upon, and we feel equally sure that Fraser's are likewise trustworthy ; and only by the foregoing assumption can we reconcile the discrepancy between us.

HYOSCYAMUS

Contains two alkaloids, hyoscyamin and hyoscin. Hyoscin is by far the more powerful.

The effects of this drug in many, if not in all, respects correspond to the effects of belladonna and stramonium. Thus it flushes the face, dries the mouth and throat, dilates the pupil, produces a subdued form of delirium and hallucination, and in large doses comatose sleep. It greatly quickens and strengthens the heart's contraction, and sometimes produces a red rash, which, like that of belladonna, may be patchy. It increases the quantity of urine. In some observations made by Mr. Pearce and myself it failed to produce increased action of the kidneys (Lawson) ; poisonous doses produce a drunken gait, from loss of voluntary power, the drug probably acting on the nervous system like belladonna. Mr. Clifford Gill tells me that hyoscyamin given in large doses will induce nausea and vomiting, and patients in describing their sensations say that it produces a feeling of "sea-sickness," or "deadly sea-sickness." In some valuable papers Dr. Robert Lawson has recommended hyoscyamin in various forms of mania, with the view of producing sleep, and substituting a mild for a more active and obstinate delirium. He gives a grain to a grain and a half, which in fifteen minutes generally induces sleep, lasting ten to twelve hours, when the patient wakes free from delusions. These large doses caused sleep so deep, and a degree of paralysis so marked, as to excite alarm in both the patient's friends and to the doctor himself. It is better, therefore, to give a smaller dose, as 1-6th to 1-8th of a grain, which is generally sufficient to induce several hours' sleep.

Hyoscyamin is especially useful in the more violent forms of intermittent mania, when it is difficult to restrain the patient. Through its action on the nervous system it quiets a patient at once. I have tried this drug in a few cases, and my observations, in common with those of other observers, entirely corroborate the statements of Dr. Lawson.

I have tried it in four cases of delirium tremens, but without any

very satisfactory results. Small doses failed to produce sleep, but simply quieted the violent patient and substituted the muttering delirium of hyoscyamin for the uncontrollable delirium of the disease. Larger doses produced many hours' sleep, but, on waking, the delirium and general condition were unamended. In one case we gave the alkaloid several nights successively, but without any benefit; then a dose of chloral made the patient sleep all night, followed next day with much improvement. It will probably be useful in cases where the patient is very violent, and irrestrainable, with delirium like that of acute intermittent delirium.

Hyoscyamus is generally used to produce sleep when opium disagrees. It has been employed also in neuralgia.

Dr. Leguin finds hyoscyamin useful in paralysis agitans and chorea. He gives 1-50th grain daily, hypodermically, or 1-50th grain by stomach night and morning. It quiets the movements of paralysis agitans, but on discontinuing the treatment the symptoms recur unmitigated.

The fixed caustic alkalies destroy hyoscyamin, like atropia, as Dr. Garrod has proved.

The effects of hyoscyamin are so similar to the effects of atropia and daturia that I determined to compare the operation of these three alkaloids in a case of acute mania, and found that they produced almost identical results.

HYOSCINE

Is one of the alkaloids of hyoscyamus Ladenburg first extracted from the mother liquid after hyoscyamin was crystallized out. It is employed in the form of hydrobromate or hydriodate.

Dr. Horatio Wood, who has drawn prominent attention to the drug, has made a physiological examination of it. He finds that it depresses the spinal cord, in this respect corresponding with the secondary effect of atropin. It leaves, however, the motor nerves unaffected, in this differing from atropin, which somewhat depresses the motor nerves. Like atropin, it kills by paralyzing the respiratory centre, and so arresting respiration; but unlike atropin, when the frog recovers from the paralysis due to a full dose no tetanus arises.

Hyoscine affects the heart and circulation but slightly; hence the blood pressure is but little affected. First there is a slight fall in the pressure, probably due to the drug rather weakening the heart. Very large doses, like atropia, lower blood pressure by depressing the heart and paralyzing the vaso-motor centre. Unlike atropia,

hyoscine slows the heart, and in man the pulse sometimes falls to 48 or 50. It therefore neither paralyzes the vagi nor the intra-cardiac inhibitory apparatus. At first atropia often slows the heart, possibly through its primary effect on the intra-cardiac apparatus. In this respect it corresponds to hyoscine, for this drug slows the heart by its effect on the intra-cardiac structures, as the fall in the frequency of the pulsations occur when the vagi are cut. Like atropia, it antagonizes the effect of muscarin on the heart, and as muscarin paralyzes the muscular structure of the heart, hyoscine must exert an influence on the muscular tissue likewise.

Like atropin, it at first excites delirium, followed by deep sleep, and sometimes as sleep passes off delirium returns. Patients who have taken an efficient dose feel stupid and giddy, their movements are inco-ordinate, the face is often flushed, sometimes pale; they complain of frontal headache. In all these respects again corresponding with atropin.

It somewhat reduces the frequency of the respiration, and may induce Cheyne-Stokes breathing.

Like atropin, it dries the mouth and dilates the pupil: but, unlike atropin, it does not apparently check perspiration, and, in some cases, where very marked symptoms occurred, the skin was moist with perspiration.

It is employed chiefly as a soporific, especially in maniacal patients.

In other cases it should not be given till the more usual hypnotics are tried, for its action is somewhat uncertain, and the susceptibility to the drug greatly varies in different people; hence, symptoms rather alarming in appearance, though not dangerous, may arise. It is the best remedy to calm the delirium of mental affections, and to induce sleep. It is useful in puerperal mania. From $\frac{1}{100}$ to $\frac{1}{150}$ of a grain, given by the mouth, is the dose that usually succeeds, but $\frac{1}{80}$ to $\frac{1}{50}$ may be required. It can be conveniently administered, as it is tasteless. To quell mania it may be given hypodermically in $\frac{1}{100}$ grain. Wood has found it useful in the sleeplessness arising from worry or excessive cerebral activity, or when the sleep is much harassed by dreams, and it may succeed when other soporifics have failed. The sleep is refreshing.

It is highly recommended in paralysis agitans, removing the tremor and the contracture. On discontinuing the medicine, however, these symptoms return. In this disease $\frac{1}{250}$ grain is sufficient.

It will check salivation, and the sweating of phthisis.

Topically applied, it dilates the pupil, its effects passing off more quickly than those of atropia, but sometimes it is absorbed in sufficient quantity to produce general symptoms.

Wood finds it useful in spermatorrhœa.

It does not relieve pain.

It sometimes excites nausea and vomiting.
It is excreted by the urine.

STRAMONIUM.

Stramonium produces symptoms very similar to those induced by belladonna. A stramonium ointment, used at the Middlesex Hospital, is made by mixing half a pound of fresh stramonium leaves with two pounds of lard, and gently heating till the leaves become friable, then straining through lint. This ointment spread on lint and applied thrice daily relieves pain. Stramonium, smoked with or without tobacco, is mainly used to reduce spasm in asthma. It is especially valuable in pure asthma, that is, when the lungs are structurally free from disease, and is useless when the dyspnœa is due to heart disease. Twenty grains of the dried leaves, or ten of the powdered dry root, may be smoked, inhaling meanwhile into the lungs; or an inverted tumbler, into which fumes have been puffed until it is filled, may be placed over the mouth, and the contents inhaled by a deep inspiration. It excites a good deal of cough. The inhalation may be repeated again and again. It is better to smoke the plant unmixed, as few can draw the fumes of tobacco into the lungs without great discomfort. There is no doubt that, in many cases of asthma, stramonium is very successful; but in others, without apparent reason, it fails, and, even when it succeeds, its influence gradually diminishes by use. Sometimes datura tatula succeeds when datura stramonium fails. Dr. Salter believed that stramonium often failed owing to the badness of the preparation, and he advised asthmatics to grow and prepare their own stramonium. Its effect is more manifest when employed at the very commencement of an attack, affording but little relief when the paroxysm is fully developed. Cold stramonium smoke can sometimes be inhaled when the hot is intolerable. It has been used in neuralgia.

Like belladonna and hyoscyamus, its active principle, as Dr. Garrod has shown, is destroyed by caustic potash and caustic soda.

DUBOISIA MYOPOROIDES.

Mr. John Tweedy has introduced into this country this solanaceous plant, employed for some time in Australia. It yields an alkaloid which possesses the same properties as atropia, but is far more powerful in its action on man. It dilates the pupil and paralyzes the muscles of accommodation. It checks perspiration, and dries the mouth. It produces delirium, headache, great weakness, and sometimes a rash similar to that of belladonna. It accelerates the pulse and antagonizes the action of muscaria on the frog's heart, and tetanizes and paralyzes. The alkaloid is so powerful that a 1 in 120 solution applied to the eyes often excites great giddiness, weakness, and a "drunken feel." Though duboisin acts much stronger than atropia on man, atropia acts more powerfully than duboisin on frogs. Duboisin is now considered as identical with hyoscin ; but in some respects it differs from the accounts given of hyoscin, for it certainly checks perspiration.

HYDROCYANIC ACID. CYANIDE OF POTASSIUM.

These poisonous substances are destructive alike of animal and vegetable life.

When applied to the skin for a long time, solutions of these substances, particularly of the cyanide, excite some inflammation, on account of their alkalinity.

Kept in contact with the skin for a while they diminish sensibility. Formerly they were employed externally in painful diseases, such as neuralgia and rheumatism; now, however, they are quite superseded by more successful remedies. But in allaying the tormenting itching of urticaria, lichen, eczema, and prurigo, they are undoubtedly very serviceable. The itching skin should be bathed with a lotion made of a drachm of the cyanide of potassium to a pint of water, or thirty drops of hydrocyanic acid to the ounce of water or glycerine. In respect to the cyanide, the action of the prussic acid is assisted by the potash combination with it. It need hardly be observed that such a lotion must not be applied to broken skin, for fear of poisoning by absorption.

Dr. Gee employs sulpho-cyanide of potassium in tinea tonsurans. He recommends the hair to be kept close cut, and to wash the scalp twice a day with warm water and soap, and after drying the head, to rub the patches well with a lotion composed of half an ounce of sulpho-cyanide of potassium, 1 ounce of glycerine, and 7 ounces of water. The scalp should be covered night and day with lint soaked in this lotion, super-imposing a piece of oiled silk ; a stronger solution is apt to excite eczema.

The acid possesses a bitter characteristic taste, and excites a sensation of itching in the mouth. It stimulates the flow of saliva, possibly by its action on the mucous membrane of the mouth.

Taken in moderate doses, in a healthy stomach the acid appears neither to produce nor to undergo change; it is, nevertheless, much used, frequently with benefit, in painful diseases of this organ, as in chronic ulcer, cancer, chronic gastritis, gastralgia, etc. Not only does it occasionally mitigate the pain of these affections, but it may also check vomiting.

Hydrocyanic acid passes very speedily into the blood, and is as speedily eliminated, probably with the breath; hence, after a poisonous dose, if life can be supported for half an hour the patient is generally safe.

As Brunton points out, the symptoms induced by a fatal dose of prussic acid are identical with the symptoms of rapid asphyxia, with the exception that in hydrocyanic acid poisoning the blood is arterial in tint and artificial respiration will not avert death.

It is a general poison, affecting all parts of the nervous system and the muscles, as one would expect in a remedy that induces asphyxia. It has not been proved how it induces asphyxia, but it has been suggested that its combination with hæmoglobin lessens oxidation. Cyan-hæmoglobin, however, is often absent from the blood in prussic acid poisoning. Large doses kill by arresting the heart, smaller doses kill by paralyzing respiration.

The arrest of the heart is partly due to irritation of the vagus roots, and partly due to the action of the poison on its ganglia and muscular tissue. It first raises arterial pressure, but soon lessens it.

From his experiments on frogs, Kölliker concludes that it paralyzes first the brain, next the cord, and then the motor nerves, the paralysis extending from the trunk to the periphery. It paralyzes the heart, its action ceasing in diastole. The voluntary muscles soon lose their irritability, and become stiff.

Preyer maintains that a large dose of hydrocyanic acid paralyzes the heart at once; that moderately fatal doses deprive the blood of oxygen; and that, as belladonna paralyzes the peripheral branches of the vagus, and at the same time stimulates the nervous centres of respiration, atropia in these cases, hypodermically injected, will prevent death.

Hydrocyanic acid is a useful addition to cough mixtures, to allay irritable cough. Syrup of Virginian prune, which is often employed in cough mixtures, probably owes its efficacy to the prussic acid it contains.

OPIUM.

Opium chiefly affects the brain physiologically, and therefore therapeutically, and in the lower animals excites tetanus by its action on the cord. It has very little action on either sensory or motor nerves, though some observers maintain that it first stimulates and then depresses sensory nerves.

Large doses paralyze the vaso-motor centre. The muscles are unaffected by it.

Small doses of opium excite tetanus in frogs; but birds, such as ducks, chickens, and pigeons, cannot be poisoned by crude opium, by aqueous extract, nor by black drop (acetum opii), given internally; and morphia salts must be given in enormous doses. Morphia employed hypodermically in very large doses never causes sleep nor stupor, but convulsions. Thebaia is a tetanizing agent, inferior only to strychnia and brucia. Narcotina, almost without effect on man, destroys birds in doses of two to seven grains when used hypodermically. Codia is a fatal convulsive agent to pigeons. Meconia given internally causes emesis, but is harmless when injected under the skin. Narceia has no perceptible influence, except to disturb the respiration slightly. Cryptopia in doses of one-fifth to one-half a grain has no effect. None of these agents cause sleep in pigeons; ducks, or chickens. (Dr. Weir Mitchell.)

Dogs, cats, and rabbits require larger doses of opium to produce stupor or sleep, which is generally accompanied by convulsions. In the lower animals, like frogs, opium only excites tetanus; but as we ascend in the animal kingdom the soporific effects become apparent, and are most marked in man. Race modifies the effects of opium, for it drives the Javanese and Malays into temporary madness; and even among Europeans its effects vary considerably in different individuals. In some persons, especially women, it produces much excitement, but no sleep, the excitement being sometimes pleasant, at other times extremely disagreeable. In some instances if it fails to induce sleep it soothes, and pleasant ideas occupy the mind; with other persons it induces restlessness, excitement, and even delirium.

Unbroken skin absorbs the preparations of opium, applied by means of poultices or friction.

Poultices containing laudanum are used to allay the pain of superficial and even of deep-seated inflammations, and enough may be absorbed in this way to produce deep sleep. Friction considerably increases the absorption; thus liniment of opium, well rubbed in, relieves neuralgia, pleurodynia, and myalgia. The abraded skin

absorbs still more freely, and preparations of opium or morphia are applied to irritable, cancerous, and simple sores. Morphia, dissolved in glycerine and spread on lint, is a useful application to a painful cancerous sore.

The hypodermic injection of morphia, originated by Dr. Alexander Wood, is now extensively employed to relieve pain, produce sleep, prevent spasm, and for other purposes, and is preferable to the administration of the drug by the mouth. Its action is more rapid, its effects more permanent, and it neither destroys the appetite nor constipates the bowels. At first not more than a sixth part of a grain should be injected; a larger quantity sometimes produces serious symptoms.

An injection not unfrequently causes a good deal of excitement, giddiness, even intoxication, great nausea, and repeated vomiting, followed by considerable depression. Often, indeed, the patient is unfitted for work during the rest of the day. These inconveniences, however, can mostly be avoided by keeping the patient recumbent for some hours after the injection. Belladonna seems to obviate these unpleasant symptoms, if combined with morphia in the relative proportion of twenty parts of morphia to one part of atropia.

An injection occasionally produces redness of the face, contraction of the jaw, dyspnœa, clonic spasms of the limbs, hammering frequent pulse, symptoms which last about five minutes, followed on their decline by violent sweating. These symptoms are said to occur when the injection directly enters a vein. By long persistence in hypodermic injections the system becomes habituated to opium, so that not only must the quantity be increased, but when discontinued a patient suffers the depressing effects of an opium-eater deprived of his opium. Sometimes so severe are these sufferings that patients declare that the distress occasioned by the intermission of the injection is worse than the pain itself. The injection may be made in any part of the body; but for the sake of convenience, it is better to choose a place where the skin is loose. A fold of skin should be pinched up firmly, and then the needle thrust quickly through it into the subcutaneous tissue. If patients dread the slight pain of the puncture, the sensibility of the skin may be first deadened by the ether spray, or by the application of a piece of ice dipped in salt. If a patient administers a hypodermic injection to himself he can conveniently nip up the skin with a wooden clip, this contrivance enabling him to inject the solution in his arm when of course he can only use one hand. It is hardly necessary to say that it is rarely advisable to allow a patient to administer the injection himself. Immediately after the injection, a sharp smarting pain is felt, and in many cases a large flat wheal, like that of urticaria, soon arises. If care is taken to make the solution as nearly neutral as possible, the pain is much reduced. It should be remembered that these injections sometimes

leave a hard horny cicatrix; hence it is important to inject some part of the skin covered by the clothes.

Eulenberg states that the sensibility round the punctured spot is lessened if the injection is made over a superficial sensory nerve; and that the sensibility of the whole skin territory of this nerve is somewhat blunted.

A single injection sometimes cures recent and even long-standing sciatica, facial and other neuralgias, but it usually gives only temporary relief, and the injection must be repeated from time to time.

Injections continued for days, weeks, or perhaps months, sometimes cure obstinate cases of neuralgia and its allies. Sometimes every second day, or twice a week, is sufficient to mitigate the pain and after a time to cure. A single injection frequently cures lumbago at once; but, as the mere insertion of a needle is often equally efficacious, some of the speedy cures attributed to the injection must be due to the effects of unintended acupuncture. Hypodermic injection relieves the pain of severe pleurodynia, but most cases of pleurodynia yield to milder treatment. It is particularly efficacious in the paid of renal, biliary, and intestinal colic. Although not often required, a mild morphia injection will allay severe toothache. Morphia injections are sometimes needed to relieve the pain of acute inflammations, like pleurisy and pneumonia, but are rarely required unless the suffering is severe or persistent.

Morphia injections are used to produce sleep. Morphia, subcutaneously injected, acts more speedily and in smaller quantities than when swallowed.

Morphia is injected to produce sleep in acute mania, delirium tremens, chorea, etc. In delirium tremens, even when bromide of potassium and chloral have failed, an injection often speedily produces sleep. A morphia injection is useful in chorea when the movements prevent sleep, and when wakefulness, by weakening the patient, increases the movements. Dr. Clifford Allbutt employs morphia injections in dyspepsia of an irritable kind, when the patient is spare, fretful, keen, hasty, or absent in manner, with a tongue too clean, red at tip and edges, small pulse, and broken sleep.

Dr. Allbutt strongly recommends a morphia injection in the dyspnœa of heart disease, and in disease of the large vessels, in the pain of angina pectoris, and of intra-thoracic tumours. By removing dyspnœa it permits sleep, and recruits the worn-out patient. It strengthens the heart, and so removes congestion of the lungs and face. Dr. Allbutt considers it less useful in aortic than in mitral disease. I have long employed these injections in heart disease, and can corroborate Dr. Allbutt's statements. It is hardly possible to exaggerate the relief this treatment confers on a patient suffering from cardiac dyspnœa. Almost directly on falling asleep a severe

sensation of dyspnœa compels the patient to awake and sit upright in bed; he often says that the distress from want of sleep is harder to bear than other serious sufferings. The appetite, already bad, becomes worse, lack of sleep and weakness rapidly set in. In such a case the comfort afforded by a hypodermic injection is almost incredible. It ensures several hours' refreshing sleep, from which the patient awakes wonderfully revived, and the dyspnœal attacks for the next twenty-four hours are warded off. The heart, thus strengthened, and in the case of mitral disease the pulse made more regular and slower, the patient's condition is not only notably relieved, but his life is prolonged. It must be borne in mind that, in heart disease, the cardiac dyspnœa is often associated with another form of dyspnœa arising from dropsy of the pleura and of the lung. The dyspnœa due to these two causes is permanent; whilst the dyspnœa due to the heart is paroxysmal, and generally occurs only on falling asleep. The hypodermic injection of morphia will not relieve permanent dyspnœa or orthopnœa—conditions best treated by incisions into the dropsical legs, to drain away the dropsical fluid. In cardiac dyspnœa a sixth of a drain twice or three times a week often suffices, but the dose and frequency in severe cases must be gradually increased to a quarter of a grain each night. Doctors are often afraid to administer morphia in the case of a patient propped up in bed, with livid ears, nose and nails, with distended jugulars and dropsical extremities, with weak, frequent, and irregular pulse. They dread lest the morphia should weaken the heart, make the patient worse, if not kill him outright. This fear is quite groundless, and this treatment may be employed without any apprehension of injury to the patient, even if in a rare instance it should fail to benefit.

Dr. Spender employs morphia injections to arrest the severe vomiting of pregnancy and other obstinate and dangerous forms of vomiting. An injection often arrests persistent hiccup, and sometimes puerperal convulsions; it has likewise been successfully employed in tedious labour, produced by a rigid os uteri.

Dr. T. J. Gallagher, of Pittsburg, and more recently Dr. John Patterson, of Constantinople, have witnessed great benefit from the hypodermic injection of morphia in cholera, even in the stage of collapse. The cramps and vomiting cease, the patient falls asleep, the skin gradually becomes warm, and the pulse returns. They employ one-fourth to one-eighth of a grain of morphia, and usually one or two injections suffice. In the early stages the patient falls asleep, and wakes almost well. Dr. Patterson has employed this treatment for children. Many subsequent observers, however, deny the efficacy of hypodermic injection in Asiatic cholera. A small hypodermic injection of $\frac{1}{50}$ to $\frac{1}{80}$ of a grain of morphia is most useful in the choleraic diarrhœa of children. The sickness and vomiting cease. The surface becomes warm, the child falls asleep, and wakes well-nigh

cured. I have often seen hypodermic injections promptly cure sporadic English cholera, checking at once cramp and inducing sleep, the patient waking free from sickness or diarrhœa.

Dr. Braithwaite has successfully given small doses of morphia hypodermically in hæmoptysis.

A hypodermic injection of morphia, as Mr. Hunter has pointed out, is sometimes very useful in melancholia. I have seen a patient dreadfully depressed, without appetite, with weak and tottery gait, become in five minutes after the administration of an injection himself again, with a totally altered expression of face. His depression and weakness left him, his natural expression returned, and he could at once take a walk of several miles, and return home and eat a good meal. It is a most difficult question to decide whether in such a case the doctor is warranted in permitting the injection, lest the patient become the victim of the opium habit. But I must confess that, seeing the wonderful transformation it has caused, how the patient has passed from utter wretchedness to happiness and serenity, I have not been able to prohibit its use.

Dr. Buxton Shillitoe strongly recommends for carbuncles and boils the local application of an extract of opium the consistence of treacle. The extract must be thickly smeared three or four times a day over and around the swelling. Applied early, it often causes the boil to abort; or it limits its progress and eases pain. After the extract, Mr. Shillitoe applies a plaster, composed of equal parts of soap, opium, and mercury, spread on thick leather. Should suppuration set in, he lets out the matter, and applies a poultice over a small hole cut in the plaster.

Dropped into the eye, laudanum and solutions of morphia cause smarting, redness, and slight inflammation of the conjunctiva. They contract the pupil, but in a less degree than if administered in other ways. Opium, however, is never used specifically to contract the pupil, Calabar bean effecting this more safely, easily, and thoroughly. Opium wine, dropped into the eye, is used to relieve the pain of conjunctivitis, and by slight stimulation to improve the condition of the membrane. The wine of the present Pharmacopœia, containing spices, must not be so employed, as it would aggravate the mischief; but the wine of the Pharmacopœia of 1864 must be used. Mixed with either tannin or creosote, opium is introduced into the hollow of a painful tooth, and if the pain is produced by inflammation of the exposed pulp, this application often gives relief.

A somewhat full dose of opium produces much disagreeable dryness of the mouth and throat. The same annoying symptom follows likewise the hypodermic injection of morphia.

The preparations of opium are rarely used for their topical effect on the throat, but their good effects are often, I think, due to the local action. For instance, many coughs, as in some cases of phthisis,

are really produced by the condition of the throat,—red, inflamed, and even ulcerated—a condition which excites much irritation, and a frequent hacking cough, especially troublesome at night. The topical application of morphia dissolved in glycerine, honey, treacle, syrup of Virginian prune, mucilage, or some other viscid substance, which causes the mixture to linger some time over the irritable membrane, often relieves this kind of cough. It is well known that the cough of chronic phthisis is often best treated by directing the patient to retain for some time in the pharynx a weak solution of morphia in glycerine, honey, syrup, or mucilage, so as to blunt the irritability of these parts. Hence, too, the excellent effects of morphia lozenges allowed to dissolve slowly in the mouth. Even in coughs entirely dependent on lung disease, opium or morphia administered so that the medicine clings for some time in contact with the structures just outside the larynx, appear to have a greater influence than when the medicine is conveyed quickly into the stomach. This result is probably due to the fact, heretofore insisted on, that drugs appear to possess remedial virtues over the organs of the body, even when applied only to the orifice of the passages leading to them.

The following is a good formula to allay coughs: Morphia, one-fortieth part of a grain; spirits of chloroform, three minims in a drachm of glycerine, syrup of lemons, diluted honey or treacle, repeated frequently at times when the cough is troublesome, till the paroxysm is subdued.

It is often taught that morphia should not be given in catarrh or bronchitis. When the expectoration is abundant, and there is duskiness of the skin, showing deficient oxidation, opiates or other narcotics that produce profound sleep must of course be given very guardedly, otherwise the expectoration during sleep may accumulate in the lungs, and give rise to serious results. On the other hand, we meet with cases of free expectoration, with very little rhonchus, and no signs of obstructed oxidation, and very violent and frequent cough. In such cases opiates relieve cough, and lessen expectoration; for the secretion of mucus in the bronchial tubes is certainly stimulated by violent coughing, and when this is allayed the expectoration becomes much less abundant. That coughing may excite secretion in the bronchial tubes is shown by the common fact that if a patient can restrain his cough the expectoration becomes less, without any signs of accumulation in the lungs.

Taken into the stomach, opium lessens both its secretion and its movements, and consequently checks digestion. Its retarding effect on digestion is exemplified by the well-known fact that when an opiate is given too near a meal the food vomited hours afterwards is only very partially digested. According to Bernard, even a hypodermic injection may have this effect, for he found the crops of

pigeons full after a hypodermic dose of morphia. Here we have a sufficient reason why opiates should not be given shortly before or after a meal, unless, indeed, it is intended to diminish appetite, or to hinder the natural movements of the stomach.

Opiates not uncommonly excite nausea and vomiting, symptoms very apt to occur in the morning after a night dose.

Opium, or its alkaloid, morphia, is given to quell the pain of many stomach affections and to check the vomiting which may accompany them. Thus it is useful in cancer and chronic ulcer of the stomach, and in chronic gastritis from excessive indulgence in alcoholic drinks. Morphia, in small doses, combined with tonics, taken a short time before meals, is very efficacious in removing the pain, the nausea, and want of appetite, so often connected with alcoholism. In the treatment of gastrodynia with heartburn it is usefully combined with bismuth.

The effects of opium on the intestines are identical with its effects on the stomach ; that is to say, it checks both secretion and movement, thus constipating the bowels in health and restraining diarrhœa in disease. Constipation, one of the disagreeable consequences following an opiate, is much less marked when morphia is employed hypodermically.

Some persons can never take even a small dose of laudanum or morphia without producing for a day or two clay-coloured motions and high-coloured urine.

Opium, or its alkaloid, morphia, is very frequently and very beneficially given in both acute and chronic diarrhœa. It is useful in the acute forms, after the expulsion of the disturbing irritant. It is, moreover, of great use in the chronic diarrhœas of tuberculosis, dysentery, and other organic diseases.

In typhoid fever opium in small doses, given at night, may serve a double purpose. In wakefulness, with delirium, whether of the boisterous or muttering kind, opium will often produce sleep, and thus check the delirium, while at the same time it will control or even subdue the diarrhœa.

There is a form of dyspepsia and diarrhœa which yields to small doses of opium. There is probably increased peristaltic action of the stomach and intestines, so that the food, soon after it is swallowed, is forced in a half-digested state through the pylorus into the intestines, where, owing to its crude condition, it acts as an irritant, exciting the vermicular action, already acting unduly, so that a diarrhœa of partially-digested food occurs soon after a meal. The patient suffers from a sensation of emptiness and hunger, which is relieved for a short time by food ; but the meal being imperfectly digested, and expelled through the anus long before it can be absorbed, the system is imperfectly nourished, and these uncomfortable symptoms soon recur. The characteristic symptoms are—sink-

ing at the stomach, relieved for a short time by taking food, and the occurrence of an evacuation of partially digested food immediately after a meal, nay, sometimes even before it is finished, and generally at no other time. This complaint, a common form of chronic dyspepsia in children from six to twelve years of age, is quickly arrested by administering from two to five drops of tincture of opium a few minutes before each meal, a dose which seems to check the excessive muscular action, and so enables the food to tarry a sufficient time to undergo digestion. Still more effective in such cases is arsenic.

Colic of the intestines is well combated by small doses of opium or morphia frequently repeated. As this painful affection is generally accompanied by, and is dependent on, constipation, a purgative should likewise be given. The opium assists the purgative by relaxing that contraction of the intestines which hinders the passage of the intestinal contents.

Opium quiets the intestinal movements in inflammation of the peritoneum and of the intestines, or in wounds of the abdomen. Opium is useful in peritonitis not only by restraining the intestinal movements, but by its direct beneficial influence on the inflammation; and the dose must be rapidly increased up to the limit of toleration, to the extent of very large doses of several grains every two or three hours.

Opiates are administered by the rectum for a variety of purposes. Laudanum is usually injected mixed with an ounce of mucilage of starch, at a temperature of 100° or thereabouts, and is very effectual in checking acute and chronic diarrhœas; and in those severe forms of diarrhœa which sometimes carry off young children in a few hours, a laudanum injection is often the speediest way of controlling the dangerous flux. When other methods fail the same injection often checks the purging of typhoid fever, or of tubercular ulceration of the intestines, or of dysentery. It is highly useful in pain of the bowels and of the organs in the neighbourhood of the rectum. Thus, an opiate injection will generally subdue the pain and frequent micturition of cystitis, and the pain arising from various uterine diseases. A suppository of opium or morphia is sometimes introduced into the rectum as far as the finger can conveniently carry it, but the injection of the laudanum and starch is more effectual.

Opium mixed with gall ointment is an excellent application to painful bleeding piles, and to fissures of the anus which cause excruciating pain with each evacuation. Mild purgatives should be simultaneously employed.

Opium injected into the rectum is absorbed, and affects the distant organs of the body. A rectal injection will sometimes induce sleep, when the ordinary method of administering it by the mouth completely fails. In obstinate forms of dyspeptic sleeplessness, or the

wakefulness of convalescents from acute disease, the injection of laudanum by the rectum will often prove successful. Both Dupuytren and Graves state that in delirium tremens and traumatic delirium this mode of giving opium is preferable to its administration by the mouth. The dose of laudanum injected into the rectum must depend on the nature of the case. If employed to relieve local pain a small quantity will generally suffice; but to produce sleep a dose must be given about threefold or fourfold that administered by the stomach —at least, so it is generally taught; but an ordinary medicinal dose, even when given by the rectum—well cleared out previously by a simple enema or a purgative—is often amply sufficient to ensure sleep.

The active principles of opium readily pass unaltered into the blood; for whether the opium is swallowed or injected under the skin it induces the same symptoms.

To one unaccustomed to opium a small dose produces a soothing and luxurious mental calm, followed in the course of forty or fifty minutes by a disposition to sleep; if this does not happen, the drug gives general repose to both body and mind. The pulse at first quickens slightly, in ten to twenty minutes, by eight or ten beats; but in half or three-quarters of an hour it again falls; at first it is made stronger and more resistant. The mouth and pharynx are dry, and perspiration often breaks out. Larger doses, as from two to three grains, generally at first produce much excitement, with noises in the ears, and closely contracted pupils. The ideas are confused and extravagant, and decided delirium may occur; the head feels heavy and full, the senses are blunted, and then follows sleep, which is often heavy, even stertorous, and harassed by disagreeable dreams, while the pulse, at first full and frequent, soon becomes slow.

The susceptibility to the action of opium, and the symptoms it produces, vary greatly in different persons. Some are so easily affected by opium that even a small quantity endangers life; a susceptibility so extreme is, however, not common. In some it produces only disagreeable sensations and ideas, in others just the reverse; in some the stimulant effects predominate, in others the narcotic. Some persons after a moderate dose of opium never become heavy or drowsy, but feel the drug diffuse a glow throughout the body, followed by a luxuriant calm of mind and body. I have heard some people who were not accustomed to opium say they dare not take opium, for the sensations it produces are so delicious that they feared the temptation to take opium might become irresistible. There are others, again, who after even a minute dose become excited, restless, sleepless, and even delirious.

After a poisonous dose the primary stage of excitement is very brief, and narcotism rapidly supervenes. Great giddiness and a sensation

of oppression come on, with an irresistible craving for sleep. There may be both nausea and sickness. The sleep soon passes into profound insensibility, the breathing grows slower and slower and more and more shallow, till it ceases. The face is pale, or livid and bloated, and the veins swollen. The pulse, at first full and strong, becomes small, feeble, and thready. The pupils are very greatly contracted. The power of swallowing is gradually lost, the pupils become insensible to light, the muscles relax, and the patient cannot be roused from his state of profound insensibility. Mucus collects in the throat, and at last, the breathing ceasing, death takes place. Patients may die in a state of collapse, and not from asphyxia, though death usually happens from paralysis of respiration.

Sometimes in the final stages of opium-poisoning breathing stops for a time, and then recommences, and this alternation is repeated. Whilst breathing the pulse is frequent, often 120 to 140. When respirations cease, the pulse progressively falls in frequency till it reaches 80 or 90, and after a time suddenly drops perhaps twenty beats, this drop preceding always the recommencement of breathing, and after two or three respirations the pulse rapidly rises to its original frequency. Sometimes the first sign of recommencing breathing is a slight movement of the larynx. Similar changes in the pulse are sometimes observed in Cheyne-Stokes breathing.

In opium poisoning a variety of other symptoms occasionally occur, as diarrhœa, diuresis, convulsions (most common in children), lock-jaw, even dilated pupils, sometimes one being dilated while the other is contracted, and itching and dryness of the skin.

In some respects opium poisoning simulates apoplexy, drunkenness, and uræmic coma.

Opium poisoning may be generally discriminated from apoplexy by attention to the following points :—history of the attack, odour of breath and vomited matters, the patient's age, and the state of the pupils, which in apoplexy are very generally dilated, and are very often unequal.

Only cases of profound intoxication put on a superficial semblance of opium poisoning. In each case there is great insensibility. If the drunkard can be roused he answers questions incoherently ; but if poisoned by opium, although he is slow to speak, yet his answers are rational and to the point. The breath and vomited matters will very often tell if alcoholic drinks have been taken ; but it must be recollected that suicides by laudanum not uncommonly take the drug in beer or other drinks ; but even then the odour of the laudanum may generally be detected. In opium poisoning the pupils are much contracted, but in profound drunkenness the pupils are widely dilated. Moreover, the early symptoms of the attack are sufficient to ensure discrimination between opium and alcoholic poisoning.

Uræmic coma may occur very suddenly and without any, or

scarcely any, dropsy. To distinguish such a case from opium poisoning the history of the attack should be ascertained. A patient in uræmic coma can generally be roused partially, when some information can be extracted from him. An analysis of the urine, moreover, may throw much light on the case, while the state of the pupils precludes suspicion of poisoning by opium. The presence of a hypertrophied heart, high tension pulse, with a small quantity of albumen in the urine would show that the patient suffered from contracted kidneys,—the form of kidney disease usually producing uræmia, but which also favours cerebral hæmorrhage.

Effusion of blood into the pons varolii will produce symptoms almost identical with those of opium poisoning; thus in both cases there is profound insensibility, with closely contracted pupils, and slow stertorous breathing. It may be impossible to discriminate between these two conditions till a *post-mortem* examination reveals the real cause of death.

In poisoning by opium *use the stomach pump, rouse the patient and keep him constantly moving to prevent sleep;* give strong coffee, apply *cold affusion to the head,* and, if necessary, adopt artificial respiration.

It is not an uncommon practice to give brandy or wine to a patient recovering from the effects of a poisonous dose of opium, with the view of overcoming drowsiness; but having watched the action of alcohol under these circumstances I always found that it greatly increased the sleepiness, and, in fact, did harm.

In this country the habit of opium-eating is not so largely indulged in as among Asiatics, but it is practiced here in some localities to a startling extent. It is taken for its primary stimulating effect, but after a time increasing doses are needed to produce this result. Though carried to a very great pitch, opium-eating in some individuals induces neither physical nor mental weakness, whilst others waste, and grow physically and mentally weak, irritable, fretful, and desponding, especially when the opium is withheld; the memory is much impaired; the skin becomes sallow; but, strange to say, in many cases the bowels are not constipated.

The horrors which opium-eaters suffer when the drug is withheld are well known, and need not be dwelt on here; so great, indeed, is the suffering, that few have sufficient resolution to relinquish the habit. The amount of opium taken is often enormous. De Quincey took 320 grains daily. Moderate indulgence of the habit is perhaps not more prejudicial to health than tobacco-smoking.

Bernard's experiments led him to conclude that opium depresses the functional activity of the sympathetic system, and notably that part supplying the submaxillary gland. Gscheidlen considers that opium affects the terminations of the motor nerves; small doses at first heightening, but afterwards depressing, their function, whilst large doses depress it from the first. Opium is said to lessen the

conductivity of sensory nerves, though this blunted sensibility must be due in some measure to the effect of opium on the grey matter of the brain, depressing the power of perception.

In the course of fevers, specific or inflammatory, soporifics, and above all others opium, are often of the greatest value. Some patients first show signs of failing in the nervous system; and this depression of the nervous system is generally due to want of sleep. From sleeplessness the nervous system becomes exhausted and the patient wanders. If sleep does not occur spontaneously, or is not induced by drugs, the delirium becomes more marked and may be violent, as is often the case with typhus, or muttering, as in typhoid fever. With the still further exhaustion of the nervous system there arises the trembling movements of the extremities or of the protruded tongue, and the muscles twitch. The tongue becomes dry; appetite, digestion, and assimilation become depressed. With this nervous exhaustion, even if the heart's action has for some time remained good, cardiac exhaustion, shown by a frequent and feeble pulse, soon sets in; and henceforth the patient is in a highly critical condition. If laudanum is given early, and before much nervous exhaustion occurs, refreshing sleep is induced and the nervous system is sustained; hence the need of stimulants is avoided or much lessened. Ten or fifteen drops of laudanum is generally sufficient, but its action is made much more certain by the addition of ten or fifteen grains of chloral.

It may, however, happen that the opportunity of warding off nervous weakness is lost, and the patient has become very delirious. Where the delirium is of the furious kind it is well to combine the opium with tartar-emetic, as this combination calms the excitement and produces sleep more speedily and effectually than opium given alone. Graves gave three or four drops of laudanum, and one-sixth to one-eighth of a grain of tartar-emetic every two hours till tranquillity and sleep were ensured; in very boisterous delirium he increased the dose of tartar-emetic. If the delirium is of the muttering kind, laudanum either alone or combined with chloral is preferable. The hypodermic injection of morphia often succeeds in such cases. The good effect, too, of opium is well shown in cases of marked nervous exhaustion. A sleepless patient with twitching and tremor of the muscles, quivering, dry, brown tongue and parched skin, with rapid and feeble pulse, after a dose of laudanum falls into a sleep of several hours; the delirium abates or disappears, the twitching and quivering of the muscles becomes much less, the tongue becomes moist, the appetite improved, and the pulse stronger and less frequent; and with a nightly use of laudanum this improvement is sustained.

Laudanum, by inducing sleep, greatly lessens the amount of alcohol which otherwise would be required, and if the laudanum is given early, alcohol is not often needed.

The cases I have here depicted, where the weakest resistance is in the nervous system, contrast strikingly with another class of cases where the resistance is least in the heart, and this organ, instead of the nervous system, primarily yields. In such a case we get signs of danger in the frequent and feeble pulse; and this may occur whilst general strength appears good, the voice strong, appetite and digestion fair, and whilst there is no delirium. Where the heart failure occurs early, opium is of little use, and alcohol is required. In such a case digitalis is often very serviceable, slowing the heart and sustaining its strength and so obviating the need of much alcohol. Quinine with digitalis is also useful in the case just described.

In delirium tremens opium does good service by producing sleep, and it answers best when employed hypodermically. If the patient is strong, the delirium boisterous, the pulse full, tartar-emetic or tincture of aconite may be added to the opium. It is convenient to administer the opiate with porter or spirits, this combination apparently heightening its action, whilst the delirious patient more readily takes it. It has been already mentioned that opium in delirium tremens sometimes acts more efficiently when given by the rectum.

It is still better to employ it hypodermically. In delirium tremens it is well known that the effects of opium vary greatly, a moderate dose even sometimes producing a fatal sleep. This variable effect often depends on the condition of the kidneys, so often diseased in drunkards and tipplers. In Bright's disease it is necessary to give opium with caution, not that the disease contra-indicates it; on the contrary, it is often useful; but in Bright's disease the opium acts often with unusual power; thus, in this disease, it must at first be given in a small dose to test its effect. Hence, before giving opium or morphia in delirium tremens, the urine should be tested for albumen.

Many cases of acute mania may likewise be treated satisfactorily by opium and tartar-emetic. (See Chloral.)

Scanzoni finds the hypodermic injection very useful in uræmic convulsions.

Dr. Anstie strongly insisted that opium acts chiefly in virtue of its stimulating action, and that as a stimulant it relieves neuralgia, and that it is not necessary to give narcotic but only stimulant doses. This view has lately been urged by Dr. Pope, of New Orleans, who attributes the usefulness of opium in fevers with great prostration to the stimulating action of opium, and not to its producing sleep. He recommends the hypodermic use of morphia in the debility consequent on onanism. I have often seen morphia, given hypodermically, useful in cases of the following kind :—An hysterical patient suffers acutely from flitting neuralgia, attacking now one nerve and

speedily seizing on another, and so forth. She is greatly depressed mentally and physically. The hypodermic injection of morphia sends a glow throughout the body, reaching even the fingers and toes, and the cold extremities at once become warm, the neuralgic pains disappear, and the mind and body become invigorated, and these effects last several hours. Again, I have seen the hypodermic injection give great comfort in a case of this kind:—A man suffers from melancholia, is disinclined to exercise, and has loss of appetite. After an injection the depression of spirits clears off like a thick cloud, the patient becomes cheerful and chatty, the appetite returns, and he is able to take a long walk without fatigue. In such cases, no doubt, we see the stimulating action of the opium; but this result always appears to me to depend on an idiosyncrasy, and not on the nature of the disease; and these effects occur in those who obtain only the soothing and delicious effects of opium; for in other patients with the same symptoms the hypodermic injection of morphia fails to relieve anything but the pain, or may even produce greater depression, and very uncomfortable symptoms. It appears to me, therefore, that the stimulating action depends chiefly on an idiosyncrasy of the patient and in cases of prostration in fever I attribute the good effects of opium far more to the soothing, strengthening effects of the sleep than to the stimulating action of the opium; a conclusion confirmed by the fact that good results do not generally follow unless the opium produces sleep.

Dr. Graves has well pointed out that when an opiate is given as an hypnotic attention should be paid to the time of its administration. It should be given at the usual time for sleep, or when the patient feels inclined to doze, so that the medicine may come in aid of nature; smaller doses are then more effectual than if given at a less seasonable time. For example, in chronic wasting disease, accompanied with hectic, the opiate should be given very late at night; for with hectic there is often no inclination to sleep till the early morning hours. Opium ordinarily requires about one or two hours to produce its narcotic effects. Chronic sleeplessness, independent of any very notable disease, should not be treated with opium if it is possible to avoid it. Dyspepsia and uterine derangements are constant causes of sleeplessness, and chloral and bromide of potassium are much better agents than opium.

Opium will, of course, relieve or abolish pain; yet in the treatment of chronic cases it is right first to exhaust all other methods, for the opiate soon loses its influence, and must be given in increasing quantities, until the patient becomes accustomed to it, and is unable to discontinue it without great discomfort, even after permanent removal of the pain.

Opium, especially when employed hypodermically, often relieves pain, and ensures sleep in acute rheumatism.

Opium is often of signal use as an anti-spasmodic. Its action in this respect, as well as its narcotic power, is much enhanced if given with a stimulant, as alcohol, ether, or chloroform.

Laudanum or morphia is of marked service in the convulsive stage of whooping-cough. A sufficient dose should be given to a child to produce very slight heaviness, which state should be maintained by giving one-fiftieth of a grain of morphia every three or four hours, or a proportionate dose every hour. A quarter of a drop, or two drops of laudanum, according to the age of the child, must be given every hour. This treatment often quickly removes the whoop, and reduces the severity and frequency of the cough; but in the case of an irritation, as of teething, or of worms, tuberculosis, or much bronchitis, this remedy, like most others, is of little or no use.

Opium and its preparations are beneficial in renal and biliary colic. Morphia answers best when employed hypodermically. If administered by the mouth, small doses of the opiate, combined with spirits of chloroform, should be administered every five or ten minutes, till the pain gives way.

Opiates are also beneficial in cases of asthma, yet with some asthmatics morphia will induce a paroxysm of dyspnœa.

Opium is very useful in diabetes, to control inordinate appetite; the diminution of quantity of ingested food reduces the kidney secretion, and abates the troublesome thirst. It was at one time thought that this was the only way opium proved useful in diabetes, but it has been lately shown that large doses, frequently repeated, will greatly lessen, and, indeed, remove the sugar from the urine, the diet and the appetite remaining unchanged.

Opiates are also used in spasmodic stricture.

Opium and its preparations check the excretion from all the mucous membranes of the body, and on this account are given in bronchitis, to check excessive secretion of mucus and pus.

Opiates are employed as diaphoretics.

Ten grains of Dover's powder at bedtime will generally check the night sweats of phthisis, and other exhausting diseases, even when other remedies, like zinc, have failed.

It is well known that opium, in a small dose taken at night, if resorted to at the commencement of the attack, will cut short a cold in the head. Some attribute its efficacy to its influence on the skin; and Dover's powder is very generally employed. Two or three drops of laudanum, taken at bedtime, is often sufficient at once to abolish a threatening attack of cold in the head. A glass of hot grog assists the action of the opium.

Laudanum, especially when mixed with tincture of nux vomica, is very serviceable in some of the distressing symptoms which afflict hysterical women, or nervous, overworked, anxious men. Both men

and women, but chiefly women about forty or fifty years of age, are apt to complain of a sensation of great weight and heat on the top of the head, with frequent flushings of the face, suffusion of the eyes, hot and cold perspirations, and sometimes shooting pains passing up the back of the head. The pain occasionally centres in one brow, with much heaviness and torpor after meals, and now and then the sensation as of a tight cap on the vortex, or dull aching pain in the same part, with inability to fix the attention, and much depression of spirits. These symptoms may generally be traced to a variety of causes, as dyspepsia, especially the flatulent form, heartburn, uterine derangements of various kinds, or unhygienic conditions. In any case, however, a drop of laudanum, with two of the tincture of nux vomica, repeated three or four times a day, will generally dissociate the foregoing symptoms from the disease with which they are connected, to the great relief of the patient.

Morphia occasionally produces an eruption, sometimes like that of measles, at other times like that of nettlerash. It may be accompanied by distressing itching, sufficient often to counteract the anodyne properties of the medicine.

Tincture of opium in a large dose (ʒ j), mixed with brandy, is recommended in profuse flooding after parturition, accompanied with much exhaustion of the uterus.

The influence of opiates on the urine of diabetes has already been pointed out.

The preparations of opium diminish the water and urea of healthy urine, probably by lessening the appetite and hindering digestion. Morphia passes partly away by the urine.

Under the influence of opium the urine is sometimes retained for several days in the bladder.

It is important to bear in mind that the active principles of opium pass out with the milk, so that a child at the breast may be dangerously affected by opium given to its mother.

Individual peculiarity, disease, age, custom, sex, modify the action of opium.

We have already spoken of individual peculiarity. Mr. J. Brown has shown that there is sometimes hereditary susceptibility to some drugs, as opium and mercury.

It is well known very large doses are tolerated in some diseases, especially in cases of severe pain.

Age influences the action of all medicines, but in an especial degree that of opium. That a dose of a medicine should act far more powerfully on the young than the old is obvious, for as a drug it becomes mixed and diluted with the blood the dilution is, of course, greater in adults than in children. Other things being equal, the dose, as a general rule, must be proportioned to the weight of the individual, provided there is no undue development of fat. Opium, however, is

a notable exception, the relative susceptibility of young children to its action being far greater than in adults. So great is the power of opium over individuals of tender years that great care must be taken in its administration.

The influence of custom on the action of opium has already been mentioned.

Opium, it is said, affects women more readily than men, particularly as regards its exciting effects.

Morphia is said to be less stimulating, less constipating, less diaphoretic, and less liable than opium to produce headache and nausea.

Some writers extol the narcotic virtues of codeia, asserting that, unlike opium, it produces calm sleep without disordering digestion, exciting nausea, constipating, or producing headache; other observers, however, consider it useless as a narcotic.

Narcein has been much recommended as a hypnotic and sedative. It is said to be more efficacious than morphia, and to produce no headache, to induce less perspiration, not to constipate, nay, in large doses to purge, rarely exciting vomiting, but often nausea and loss of appetite. One observer computes that narcein is four times weaker than morphia. It is stated that narcein is the only alkaloid of opium which does not produce convulsive movements.

Dr. J. Harley considers narcein a pure hypnotic, much feebler than morphia, and of very little use in medicine, its insolubility rendering it unfit for subcutaneous injection. On the other hand, having tested it by mouth and hypodermically, Dr. Fronmüller asserts that narcein possesses no narcotic properties, a dose of 20 grains by the stomach producing no sleepiness or any effect on the respiration, pulse, heat of skin, urine, or pupils.

Narcotine, in doses of one to three grains, is asserted to possess antiperiodic properties, some considering it even superior to quinia in ague.

Very conflicting statements are made regarding other properties of narcotine. Eulenberg, Charvet, Fronmüller, and others, assert that small doses increase the frequency and the strength of the pulse, but after a time make it irregular, and that it increases the frequency of the respirations and exalts the temperature. Small doses they say are not narcotic. Schroff says doses of 0·06 to 0·12 grms. produce symptoms like the first stage after a usual dose of opium, but without affecting the pupil or producing nausea. Fronmüller asserts that 15 to 30 grains produce sleep, but Bailey gave 60 to 120 grains without inducing sleep.

Papaverine is said to possess strong narcotic properties without inducing the previous stages of excitement, and is not followed by headache and giddiness. It contracts the pupil, and, when it causes sleep, reduces considerably the frequency of the pulse to the extent

even of twenty to thirty beats. Fronmüller also finds that it is a narcotic, and that it dilates the pupil—the pulse, respiration, and temperature remaining unaltered. Hoffman, in some experiments on himself, could not obtain these results.

The statements concerning the action of the opium alkaloids are most contradictory, due probably in part to the use of impure preparations, or to the employment of a mixture of the alkaloids, or in part to the fact that the action of these substances on animals is different to their effect on man. Thus, as regards man, morphia is the most powerful alkaloid; but according to Bernard, as regards animals it ranks fourth. Thebaia is to animals the most poisonous alkaloid, but its effect on man is much less marked; again, it is said that with respect to animals narcein is the most soporific of the alkaloids, but its action on man is far less than that of morphia.

NUX VOMICA. STRYCHNIA. BRUCIA. THEBAIA.

The three alkaloids, strychnia, brucia, and thebaia, appear to exert a similar action on the spinal cord, so that, for convenience sake, they are grouped together; but it should be stated that strychnia is more powerful than brucia, and brucia than thebaia. Our succeeding remarks apply mainly to nux vomica and its alkaloids, as thebaia has not yet been put to any therapeutic application.

The late Dr. Anstie recommends the hypodermic injection of strychnia, in one-hundred-and-twentieth of a grain doses, to relieve the pain of cardialgia and gastrodynia. "There is," he says, "no such remedy for gastralgia as this."

Mr. Charles Hunter advises the injection of strychnia hypodermically in cerebral, spinal, and other forms of paralysis. About one-eightieth to one-sixtieth of a grain, administered twice or three times a week, will, he says, after three or four injections, almost always show if strychnia manifests any effect on that particular form of palsy. The injection produces a general warmth or glow of the skin, lasting a few hours, felt most in the paralyzed limbs, and down the spine; it removes the sensation of heaviness, or weight, and the muscular twitchings, spasms, or cramps, and may induce sweating, especially of the palsied parts. Most of these results I have myself witnessed.

Hypodermic injections progressively increased, till even one-twelfth of a grain is injected at one dose daily, are useful in essential paralysis of children and in diphtheritic paralysis.

Dr. Julian Chesolm employs hypodermic injections of strychnia in

eye and ear diseases, beginning with one-fortieth of a grain daily, increasing the quantity till, in fifteen to twenty days, one-sixth or one-fifth of a grain is reached, and no benefit may take place till these larger doses are administered. As we meet with idiosyncrasies in respect of strychnia, it is well to begin with a small dose. He employs these injections in muscular asthenopia, amblyopia, tobacco amaurosis, and in progressive nerve atrophy not dependent on intracranial disease. Dr. Werner finds strychnia by injection useful in traumatic amaurosis. Perhaps proportionately large doses given by the stomach might prove just as serviceable.

The preparations of nux vomica have an intensely bitter taste, and, like other bitters, augment the flow of saliva.

They produce a sensation of hunger, but there is no evidence that, in a healthy person, either strychnia or any other bitter substance increases the digestive power. Like other bitters, and, perhaps, in a greater degree, these preparations, by their slight irritant action, check unhealthy deviations of the gastric mucous membrane, and may in this way promote digestion. The action of bitters, and especially of the tincture of nux vomica, far the best and most agreeable agent for this purpose, is well shown in certain perverted conditions of the digestive canal. For example, in the course of chronic diseases, such as bronchitis, dilated heart, or cirrhosis of the liver, the tongue not unfrequently becomes thickly coated with a white fur, and the symptoms indicate chronic catarrh of the stomach: one or two drops of the tincture of nux vomica in a teaspoonful of water, every two hours, or oftener, for twenty-four to forty-eight hours, will often clean the tongue, improve the digestion, and, at a critical time, clear the way for the administration of nourishment. Again, during early convalescence, when the tongue still continues coated, and the digestion weak, nux vomica will prepare the way for stronger tonics and more liberal diet.

This treatment greatly mitigates the annoying flatulence and indigestion occurring in cases of mechanical obstruction of the circulation in the digestive organs, as from cirrhosis and dilated heart; indeed, nux vomica is more or less serviceable in flatulency of any kind. Heartburn also frequently yields to small quantities of the tincture, given three or four times a day.

Nux vomica is of great service in a group of symptoms, including weight at the pit of the stomach after food, acidity, and heartburn; flatulence, accompanied by heat and weight at the top of the head, the last symptom occurring usually in women, especially about middle age. This dyspeptic condition is often benefited by five drops of the tincture of nux vomica taken about a quarter of an hour before food, three times a day. The heat and sensation of weight on the top of the head, even when occurring independently of any gastric disturbance, often yields to the same treatment.

In acute gastric catarrh, accompanied by "sick headache," the action of tincture of nux vomica is sometimes very marked. This common and troublesome complaint is sometimes traceable to error in diet, or constipation, but it occurs often without any apparent cause. Headache is often the most prominent symptom, the nausea being very slight, amounting to mere qualmishness. A drop of the tincture in a teaspoonful of water, taken every five or ten minutes, to the extent of eight to ten doses, and then continued at longer intervals, often quickly mitigates, and in a few hours removes, this kind of headache, which otherwise would continue all the day.

The tincture of extract of nux vomica has long been employed to correct constipation, habitual or temporary. The extract, mixed with other remedies, such as rhubarb or colocynth pill, should be taken daily shortly before dinner, to aid digestion, and the proper unloading of the bowels. The same effect may often be obtained by giving one or two drops of the tincture twice or three times a day. As our knowledge of the action of nux vomica in its relation to constipation is at present imperfect, the results appear to be capricious. It is as well, therefore, not to be too sanguine of success; for in some cases it answers beyond all expectation, while in other apparently similar cases it completely fails. If the bowels are habitually sluggish, the patient should take occasionally, early in the morning, half a tumblerful of some natural purgative water to assist the nux vomica. Should the tardy action be due to insufficient supply of bile, the motions being pale in colour, nux vomica will fail, and other medicines are required.

Strychnia, as Mr. Savory has shown, is much more poisonous when injected into the rectum than when swallowed, a curious difference, not due to the digestion and destruction of the alkaloid by the gastric juice, since Mr. Savory has proved that this secretion exerts very little, and probably no effect, upon strychnia.

Strychnia, another active principle of nux vomica, quickly enters the blood, as is shown by the rapidity with which a poisonous dose is followed by characteristic symptoms. Moreover, the alkaloid can be extracted from the blood and urine, a conclusive proof of its absorption.

A large and poisonous dose produces symptoms very closely resembling those of tetanus. Symptoms usually come on in twenty minutes to half an hour, and are rarely delayed beyond an hour. The first symptoms are general uneasiness, with restlessness and soreness of the limbs. Shooting pains like electric shocks occur in various parts of the body, often first in the back, and down the arms and legs. Tetanic and paroxysmal contraction of the muscles soon sets in, and these symptoms grow rapidly worse, and make the body rigid while the paroxysm lasts. The first paroxysm may be very severe. The respiratory movements are completely arrested, so that the face be-

comes bloated and livid, the jugular veins stand out in the neck, the eyes are staring and prominent, the jaws firmly clenched, and the pupils dilated. Each spasmodic attack lasts from a few seconds to a minute or more, and then generally ceases altogether for a time. Throughout the paroxysms, the mind is quite unaffected, and the patient's sufferings are agonizing. A breath of air, a slight noise, movement of the bed-clothes, the most trivial cause, will excite tetanic spasms. In a fatal case death is rapid; but if the patient should survive two or three hours, sanguine hopes may be entertained of his recovery. A fatal termination may be due either to exhaustion from the repeated convulsions, or to asphyxia from spasms of the muscles of the chest. The muscles of the jaw are usually the last to be affected.

Brucia, thebaia, and most of the opium alkaloids affect the body in the same way.

The symptoms of strychnia poisoning differ from those of tetanus in the following particulars:—From the first the poison symptoms are very strongly marked and rapidly reach their worst, perfect intermissions occur, and death soon takes place; or the symptoms rapidly decline, and the patient recovers. Fatal doses of strychnia raise the temperature of dogs from 4° to 6° Fah.

Treatment of poisoning:—*Stomach pump*, if available in time, for after tetanic symptoms have set in the introduction of the tube would excite a paroxysm. *Animal charcoal.* Tannin solution of iodine. *Chloroform inhalation.* Injection of curare, or of methyl and ethyl compounds of strychnia, of brucia, or of thebaia. Artificial respiration. Fats.

Leube and Rosenthal find that pulmonary insufflation arrests strychnia tetanus by increasing, as they supposed, the absorption of oxygen. Brown-Séquard confirms these statements concerning insufflation, but contends that the arrest of convulsions is due to the mechanical effect produced by the forcible impact of the air upon the ramifications of the vagus, of the bronchi, and of the nerves of the diaphragm exciting a reflex inhibitory action; for section of the cord above or below the origin of the phrenic nerves and section of the vagi prevent the action of insufflation.

Strychnia excites tetanus, not through the brain; for in poisoning by strychnia, the mind, to the last, remains unaffected, and between the paroxysms animals can execute voluntary movements. Nor does it tetanize through the muscles or nerves; for after division of one sciatic nerve, strychnia excites tetanus in every part of the body except in the limb supplied by the divided nerve; yet as the vessels of this limb are undivided, its convulsed muscles and nerves are as much poisoned by strychnia as those parts which are convulsed. As strychnia tetanizes neither through the brain, muscles, nor nerves, it must act through the cord. This conclusion is confirmed by the fol-

lowing experiments: 1. If the cord and all the vessels supplying its posterior part are cut and the animal is then poisoned, convulsions occur in the anterior portion of the body, but simple normal reflex acts follow stimulation of the posterior part of the body, that part indeed under the control of the division of the cord protected from the poison by secretion of its vessels: 2. If all the blood is allowed to drain from the body of a frog by section of its heart, and a small quantity of strychnia is then placed on the forward part of the cord, the anterior parts of the body become speedily tetanized, and this condition slowly extends to the posterior parts as the strychnia descends and affects the rest of the cord.

Dr. G. Walton finds that strychnia, in a dose sufficient to produce tetanus, so affects the cord that any stimulus capable of producing a reflex contraction produces a maximal contraction, provided a certain time has elapsed since the preceding stimulation. The necessary interval varies with the degree of poisoning, being a few seconds only, when the frog is strongly poisoned. During this interval the degree of contraction depends on the strength of the stimulus. All the contractions are tetanic. After strychnia there is no summation of stimuli, the behaviour of the strychnized cord thus differing strikingly from the unpoisoned cord. The minimal stimulus, capable of producing a reflex movement, becomes less and less as the poisoning effect increases. The motor and sensory nerves, Dr. Walton finds, are unaffected by strychnia.

After traumatic and strychnia tetanus the functions of the motor nerves and muscles are depressed, the motor nerves convey impressions imperfectly, whilst the muscles contract imperfectly under direct galvanic stimulation and become stiff from rigor mortis. Kölliker has shown that this is in part due to the excessive activity these parts have been made to undergo through the strychnia. But strychnia apparently also directly depresses the motor nerves, for large doses kill without exciting convulsions when the motor nerves are found to have lost their conductivity. Moreover, if, before poisoning, the sciatic nerve is divided, thus protecting the limb from convulsions, the divided sciatic loses its irritability, though not so soon as the undivided nerve. Again, if all the tissues of a frog's leg except the nerve are tied, and the portions beneath the ligature thus defended from the poisoned blood, all parts become tetanized; but the convulsions cease sooner in the poisoned than in the protected leg, the motor nerves of the former having been paralyzed by the strychnia-containing blood.

Harley's experiments show that the poison acts on all parts of the spinal cord, its effects on this organ appearing to be twofold. It dilates the vessels, thus increasing the supply of blood, and also augments the activity of the functions of the cord.

It is stated that traumatic and strychnia tetanus produce minute

ecchymoses in the cord. This is not the case with frogs tetanized by strychnia; for these animals may be tetanized for weeks without the production of ecchymoses—a fact which proves that ecchymoses are the result and not the cause of tetanic spasms.

It seems worthy of remark that strychnia does not merely heighten the reflex action of the cord, but so affects it that impressions are not confined within their natural limits, but diffuse themselves throughout the cord; strychnia, in fact, lessens the resistance of the cord and increases the diffusibility of impression. Strychnia heightens arterial pressure by stimulating the vaso-motor centre.

Nux vomica or its alkaloid is commonly employed, often with great benefit, in motor paralysis. Sometimes it is administered with the view of exciting slight twitching in the paralyzed muscles, so as to keep up in them a sort of artificial exercise calculated to maintain their nutrition and prevent their wasting; but if strychnia benefited in this way, surely galvanism would effect the object better. Dr. Brown-Séquard recommends nux vomica or strychnia in those forms of paraplegia dependent on softening and wasting of the cord, when, for example, the supply of blood conveyed to it is diminished through degeneration and partial blocking up of the vessels. Strychnia is supposed to dilate the vessels and to increase the supply of blood in the degenerated tissues, and thus to avert their further destruction.

Strychnia affects paralyzed sooner than unparalyzed muscles.

In medicinal doses strychnia is said to strengthen the heart beats. It has been shown that the heart of an animal poisoned by strychnia ceases to contract sooner after death than that of an animal destroyed by mechanical means; and further, that if a frog's heart is placed in a solution of strychnia it ceases to beat sooner than another placed in simple water. It is not said whether this organ ceases to contract in the systole or diastole. Harley states that when a solution of strychnia is dropped on a heart its muscles become tetanic. The same authority says that both strychnia and brucia lessen the absorption of oxygen and the production of carbonic acid; in other words, they lessen the respiratory function of the blood, and if either alkaloid is mixed with blood recently drawn, the amount of oxygen it absorbs and of carbonic acid it gives off, are less than with simple blood. Is it not probable that any substance capable of altering the physical or chemical condition of the blood will lessen its respiratory functions?

Strychnia stimulates the respiratory centre, and clinically, when given in full doses, it is found of much service in chronic bronchitis and emphysema.

Strychnia, given to a rabbit with young, causes abortion; therefore it has been stated that this drug possesses a direct influence on the uterus, but there is no evidence to confirm this conjecture.

Strychnia is useful in prolapsus ani, and if this condition is

associated with constipation, the nux may be added to a purgative, as tincture of rhubarb. If diarrhœa occurs, it should be checked, and the prolapsus will probably cease; if not, strychnia will generally succeed quickly in ridding a child of this troublesome complaint.

These preparations, especially the tincture, are often of much use in so-called hysteria of middle-aged people. In many cases it appears to control the distressing flatulence commonly connected with this state, and to relieve the sensation of heat and weight at the top of the head; and it often removes effectually, although less surely, flushings of the face, and hot and cold perspirations. It is still more effectual when combined with small quantities of laudanum.

Strychnia given hypodermically or by the stomach is highly recommended in alcoholism and delirium tremens. Persistently administered it prevents the recurrent crave for drink, often met with in persons who inherit the propensity direct from a drunken parent, or as the result of an altered neurosis. It must be administered in increasing doses. Some patients have reached the enormous dose of one and two-third grains of the extract of nux daily with much benefit and without the induction of any toxic effect. In delirium tremens strychnia given hypodermically in $\frac{1}{60}$ to $\frac{1}{30}$ grain, or even larger doses, calms excitement and induces sleep.

The late Dr. Anstie noticed that strychnia sometimes produces symptoms closely resembling intoxication, unsteadiness of gait, perversion of the intellect, and a meaningless smile. On one occasion I was able to connect a peculiar wandering delirium at night with the employment of strychnia, though there were no tetanic twitchings.

According to Dr. Anstie, strychnia promotes capillary circulation, and he recommends it in troublesome coldness of the hands and feet.

Strychnia sometimes induces persistent erections, which phenomenon has led some doctors to give it in impotency and spermatorrhœa.

Large doses of strychnia are sometimes useful in spermatorrhœa, especially when associated with impotence.

Strychnia is sometimes employed with much benefit in paralysis of the bladder of old people when the water constantly dribbles away. It may also be useful in the incontinence of urine of children.

Strychnia is separated in part, at least, by the kidneys. Its influence, if any, on the urine, has not yet been ascertained.

In a remarkably able paper, Drs. Crum Brown and Fraser record some experiments made with methyl and ethyl compounds of strychnia, brucia, and thebaia, and have arrived at some astonishing results. While retaining most of the chemical properties, giving the ordinary reactions of strychnia, brucia, and thebaia, yet the physiological action of these substances on the body is completely

altered. These observers experimented with iodide of methyl-strychnium, sulphate of methyl-strychnium, and with the nitrate and hydrochlorate of the same base, and likewise with iodide and sulphate of methyl-brucium, and with iodide and sulphate of methyl-thebaium.

As we have already stated, strychnia, brucia, and thebaia affect the cord, and produce according to the dose, more or less severe tetanic convulsion. But these substances, when converted into the ethyl and methyl compounds, cease to act in this manner, and produce general paralysis of the body, an effect shown by these experiments to depend on paralysis of the ends of the motor nerves. In fact, these new compounds act on the body in the same way as curare.

In their action on the heart and muscles these new substances were likewise found to differ much from strychnia, brucia, etc.; for after poisoning by the methyl or ethyl compounds the heart continued to contract naturally for a long time, while the muscles for many hours continued flaccid, contractile, and alkaline.

Drs. Crum Brown and Fraser further experimented on codeia, morphia, and nicotia. At the conclusion of their treatise they say:—

"The change in the character of the physiological action is remarkably illustrated by strychnia, brucia, and thebaia, whose purely spinal tetanic action is converted into a paralyzing action on the periphery (and organs) of motor nerves; it is apparent in codeia and morphia, whose convulsant action is also converted into a paralyzing action on motor nerve-end organs, and whose hypnotic action is apparently altogether destroyed in the case of codeia, and certainly greatly diminished in that of morphia; and it is obvious, though less so than with the others, in the case of nicotia, whose convulsant action is diminished if not altogether removed. We may conclude from these facts that when a nitrite base possesses a strychnia-like action, the salts of the corresponding ammonium bases have an action identical with that of curare.

"It is well known that curare and strychnia are derived from plants belonging to the same genus, and it is therefore interesting to observe such a relationship. It may not, however, be altogether superfluous to add that strychnia, brucia, and the other spinal stimulant alkaloids examined in this paper have not been converted by chemical addition into curarina—the active principle of curare. The action of the methyl derivatives of these bases is of precisely the same character as that of curare, and they possess the same peculiarity of slow absorption by the mucous membrane of the digestive system, but the degrees of their activity are very different. If we confine our attention to the salts of the methyl derivatives of strychnia, brucia, and thebaia, where the action is uncomplicated, we observe they form a series in which the fatal dose varies for each, while this dose, in the case of the most active of the three, is considerably above that of curare, and greatly above that of curarina. Besides, curarina has a characteristic colour reaction that belongs to none of these bodies, and the latter further proves this dissimilarity by each of them possessing special colour reactions, by which they may be distinguished from each other."

There is a distinct antagonism between strychnia and calabar bean and between strychnia and chloral. These antagonisms have lately

been investigated by a committee presided over by Dr. Hughes Bennett. Previous experimenters have shown that calabar bean modifies strychnia tetanus, but it is of no avail to save life, and Dr. Bennett's committee confirm the conclusions, that whilst the symptoms induced by strychnia, as tetanic convulsions, are modified by calabar bean, so far from saving life it actually helps to destroy it, for, when both poisons are administered together, but each in quantity less than the minimum fatal dose, their combined action in this dose is fatal.

The antagonism between chloral and strychnia is far greater; chloral modifies the strychnia symptoms to a great extent, and, as might be expected, the sooner chloral is given after strychnia the greater is the antagonistic effect. Very large doses of strychnia require very large and even dangerous doses of chloral, enough to produce serious symptoms. Whilst chloral antidotes strychnia, it is doubtful if strychnia will avert death from chloral. Chloral produces profound coma, and destroys life by its action on the cerebral hemispheres. Strychnia does not affect these parts.

LOBELIA INFLATA.

This remedy has been highly extolled, and strongly depreciated, answering with some beyond expectation, and to others yielding nothing but failure and disappointment. This discrepancy may be reconciled easily, for it will be found that lobelia has been given in very different doses by two different sets of authorities. Unless given in large doses—doses deemed even poisonous—this remedy is inoperative. It is erroneously imagined that lobelia is a highly poisonous and dangerous drug, to be given only with much caution and close watching. It contains lobelin.

Lobelia first raises and then depresses blood pressure. Large doses paralyze the vaso-motor centre and the peripheral ends of the vagi. It kills by paralyzing the respiratory centre.

Lobelia is of great service in many cases of asthma, whether dependent or not on visible structural changes in the lung. It is useful in the peptic, but especially so in the bronchitic form. These two forms are generally more or less mixed, the tightness of breathing in bronchitic asthma being increased by food, and the peptic asthma leading after a time to emphysema and bronchitis. Lobelia, is, I think, less useful when the attacks come on periodically, at intervals varying from about three weeks to a month. It may, indeed, for

several days, postpone or partly suppress the paroxysm, but after a time the lobelia is apparently unable to prevent the attack. My experience leads me to esteem lobelia higher the more I try it, and I frequently hear it extolled by patients. It must, however, be confessed that in some cases it fails entirely. In the bronchitic form patients often say it "helps them to get up the phlegm." It is hardly necessary to observe that lobelia is not useful in all forms of dyspnœa; it is useless when this depends on heart disease, and when the difficulty of breathing comes on only from exertion, or from a bad fit of coughing. Lobelia being only palliative and not curative of the conditions causing the dyspnœa, it should be given only during a paroxysm. On any signs of an oncoming fit the medicine must be taken immediately in doses of a drachm of the simple tincture every hour, or even every half hour, or ten drops may be taken every ten minutes or quarter of an hour till the dyspnœa gives way. It is better to adopt the smaller and more frequent dose, as the medicine can be discontinued should sickness or depression occur. The great drawback is its uncertain action, some patients being made sick and faint by doses which others take without any such penalty. The risk of depression is obviated by small frequent doses, and a patient soon learns the suitable dose and periods. It is well to inform patients of the possible occurrence of sickness and faintness, which may make them feel very ill; but these symptoms soon disappear, and never, so far as I have seen, become serious or dangerous. I have repeatedly given two-drachm doses without any dangerous consequences; but this large dose generally excites a sensation of sinking at the stomach, with nausea, and, not unfrequently, vomiting. When the patient complains of more or less constant tightness of the chest, with frequent exacerbations during the day, he should take ten minims of the tincture thrice daily, with an additional dose on the occurrence of the exacerbation. In bronchitic asthma, where the breathing is a little tight all day, but much worse at night, the patient should take ten minims three times a day, with additional doses according to the state of the breathing at night. It should be given cautiously to asthmatics with heart disease, or it may render the pulse irregular, and very weak. Lobelia inflata allays the dyspnœa which accompanies capillary bronchitis in emphysema.

In certain epidemics of whooping-cough lobelia is very serviceable, whilst in other epidemics it seems useless. Lobelia is useful in the spasmodic stage, and in two or three days generally reduces by one half the frequency of the attacks, lessening their severity at the same time; the speedy subsidence and disappearance of the whoop attest the influence of this drug. Like all other whooping-cough remedies it acts best in uncomplicated cases, and when the weather is warm and mild. If the weather is cold, and the winds cutting and

sharp, the child should be confined to a warm room; but under other circumstances the child should live as much as possible in the open air. For a patient two years old I order ten minims of the tincture of lobelia every hour, and an additional dose each time the cough is imminent, provided the paroxysm gives sufficient warning. Children bear large doses of the drug; for, in no instance, have I witnessed nausea, sickness, faintness, or any ill effects follow the doses just recommended. I find, indeed, that adults are much less tolerant of lobelia than children. Sometimes lobelia produces a slight burning sensation in the throat. Whooping-cough is well known to be a very obstinate and dangerous affection in children only a few months old, and in such cases lobelia often appears to do less good than to older children. Even to very young children I give five minims of the tincture every hour.*

Lobelia has been recommended in bronchitis; and I have tried it in several cases, but while it removed any paroxysmal dyspnœa, it appeared to be powerless over the bronchitis itself. It has been employed in laryngismus stridulus and in croup.

CANNABIS INDICA.

Indian hemp does not affect all persons similarly, and race and climate are supposed to modify its influence. Its effects are most marked on the brain, whose functions it more or less perverts in various ways. It generally produces a pleasurable intoxication, and the dosed person becomes talkative, or sings, or perpetually giggles, and objects often assume to him very grotesque aspects, exciting him to much merriment. He is possessed with a feeling of happiness and contentment, and ideas of a pleasing kind pass rapidly through the mind, sometimes unconnected and immediately forgotten; but in other instances recollected on the return to the normal state. The delirium is sometimes furious. After a time sleep sets in, generally accompanied with delightful dreams. There may be pain in the head, "a sensation as of the brain boiling over and lifting the cranial arch, like the lid of a tea-kettle." Among the early symptoms is a sensation of heaviness of the arms and legs. The head feels hot and heavy. The eyes are bright and shiny, with sometimes giddiness and noises in the ears. General sensibility is also affected, and

* Mr. Foster, of Huntingdon, and Dr. Howard Sargent, of Boston, America, recommended clover in whooping-cough. Dr. Sargent gives occasionally through the day a wineglassful of an infusion made with two ounces of carefully-dried blossoms of red clover, steeped in a pint of boiling water for four hours.

pricking in the feet, or over the whole body, with numbness, often of a pleasurable kind, is an early symptom. Pressure on the skin may excite a sensation of burning. After a time, complete anæsthesia sets in to such an extent that while standing there may be no consciousness of touching the ground. The muscular sense is even lost, and pain is lessened or removed. Sometimes it produces complete catalepsy. It often occasions a ravenous sensation, not to be appeased by food. In some instances the pulse is said to be at first rather increased in frequency and strength, but neither pulse nor breathing is much altered. It dilates the pupils, but they contract to light. Sometimes there is strong sexual desire.

Such is the group of symptoms induced by Indian hemp, though they do not all occur in the same person, but are variously combined; and sometimes it produces sensations anything but pleasant, as nausea, vomiting, great thirst, frequent, weak, and intermittent pulse, with disagreeable sensations and ideas.

If indulged in for a long time, as is common in the East, it produces loss of appetite and strength, trembling, and much mental weakness.

It is used to produce sleep, and its effects have been compared to those of opium; but it differs from this drug, it is said, in not producing nausea, constipation or headache. Fronmüller administered it in 1,000 cases, and found that it succeeded in 530; partly succeeded in 215; and produced little or no effect in 255 instances. A large dose is required to induce a hypnotic effect, as eight grains of the spirituous extract, which sometimes, soon after its administration, excites headache, vomiting, and giddiness; and the headache may be severe, dull, and throbbing, and accompanied by a coated tongue. The preparation used by Fronmüller must be far weaker than the extract employed in this country, for in some cases even half a grain of native extract excites disagreeable symptoms.

Cannabis indica is one of the most valuable remedies for megrim or sick headache. It appears to act on the nervous centre whence this headache springs. It is found serviceable both in cases associated with little or no nausea, and in cases accompanied by severe vomiting. It is useful in attacks accompanied with spectra. In my experience it is most useful in preventing an attack; less so in arresting it when once it is established. It is sometimes useful in those severe, continuous forms of headache lasting for weeks (see Croton Chloral); but it is especially effective when from fatigue, anxiety, or change of life the attacks become much more frequent; then the drug gradually, and indeed sometimes quickly, lengthens the interval, and at last brings back the attacks to their old periodicity, or even extends the intervals between the seizures. It need hardly be said that cannabis will not cure these patients. I have given this drug weeks or months continuously, in doses of one-third

to one-half a grain twice or thrice daily. As anæmia or constipation, favouring and even exciting attacks of migraine, often co-exist with it, cannabis indica may be combined in pills with either iron or aloes.

Subsequent experience has fully confirmed the favourable opinion of it just expressed; no single drug have I found so useful in migraine.

Not only is cannabis indica useful in the inter-paroxsymal period to prevent headaches, but a third to half a grain of the extract given at the commencement of an attack will sometimes cut short the paroxysm. In the inter-paroxysmal period I generally give half a grain of the extract three times a day; but sometimes, especially in women, this dose induces very disagreeable symptoms, which may not occur till after several days' use of the drug.

Dr. Clousden recommends cannabis indica combined with bromide of potassium in mania, giving a drachm of bromide of potassium with a drachm of the tincture of cannabis indica.

It has been found useful in neuralgia, whooping-cough and asthma, and it appears to be serviceable in some cases of hysteria. Some accord it a high reputation as a diuretic in acute and chronic Bright's disease, and consider bloody urine to be a special indication. It is said to relieve dysuria, and strangury, and to be useful in retention of urine, dependent on paralysis from spinal disease. It is used occasionally in gonorrhœa. It is very useful in menorrhagia, or dysmenorrhœa. Half a grain to a grain thrice daily, though a grain every two hours, or hourly, is sometimes required in those who can tolerate so large a dose, often relieves the pain of dysmenorrhœa. It is said to increase the energy of the internal contractions. It is also recommended in impotency. Possibly owing to differences in the quality of the drug, but generally on account of some peculiarity on the part of the patient, we find that even half a grain of the extract strongly affects some persons. No doubt women are more powerfully affected by the drug than men. I have known cases when half a grain three times a day was well borne, and with benefit for many days, and then suddenly disagreeable and pronounced symptoms arose, which could not be accounted for by the time or circumstances under which the medicine was taken. It is better to begin with a quarter of a grain of the extract at first to test the patient's tolerance, and if this is well borne then the dose should be increased.

ERGOT.

Large doses, even an ounce of the liquid extract, are sometimes administered immediately after delivery, and without producing toxic effects. Further, ergot is sometimes administered in considerable doses for a long period without in any way deranging the health, hence whilst producing powerful therapeutic effects it has but little toxic action.

Ergot has a disagreeable bitter taste, and occasions an abundant secretion of saliva. In large doses it produces nausea, vomiting, colic, diarrhœa, giddiness, dilatation of the pupil, great retardation, and slight weakness of the pulse, pain in the head, dimness of vision, giddiness and stupor.

Whether administered by the stomach or hypodermically, ergot contracts the arteries and greatly heightens arterial pressure. Injected into the jugular vein it produces at first for a short time a slight fall of blood pressure, followed by a great rise in tension. Wood and others find that division of the spinal cord prevents the heightened tension, showing that ergot stimulates the vaso-motor centre. Dr. Sainsbury's and my own experiments show that a weak solution of ergotin in saline solution circulating through the posterior part of the body of a tortoise, whose spinal cord is completely destroyed, greatly retards the flow of the fluid through the vessels; showing that ergot, by its influence on either the peripheral nervous system or on the muscular tissue of the blood-vessels, certainly induces strong contraction.

Ergot slows and weakens the heart, hence the rise of blood-pressure in no way depends on the influence of ergot on the heart. The slowing of the heart is due to stimulation of the terminations of the vagi, for the slowing does not occur if atropia is administered before ergot. Large doses arrest the heart in diastole, and strong direct excitation does not induce contraction, showing that the arrest is not due to inhibition through the vagus, but depends on the direct action of the ergot on the cardiac muscle.

Ergot stimulates involuntary muscular fibre and so increases vermicular action of the intestines, induces contraction of the bladder and of the uterus, especially in its pregnant, and still more in its parturient condition.

Large doses induce anæsthesia and paralysis, probably through the spinal cord. The motor nerves and muscles are unaffected. It kills by paralyzing the respiratory centre and arresting respiration.

Administered either by the stomach or hypodermically, it is most

valuable in hæmorrhage; indeed, in this respect few if any remedies rival its efficacy. Dr. Currie Ritchie and Dr. Drasche were the first to use it hypodermically, and they report successfully of cases of hæmoptysis, epistaxis, hæmatemesis, and intestinal hæmorrhage in typhoid fever; and many other observers have since confirmed their statements. In severe bleeding, when it is urgently necessary to check it at once, the hypodermic application must be used, in from two to five-grain doses of ergotin. I have seen this injection in many instances produce a good deal of swelling and pain, which, however, always subsided without suppuration. It is well to warn the patient that this temporary untoward accident may occur. No irritation arises if the injection is made into muscular tissue instead of connective tissue. In less urgent bleeding, administration by the stomach is very successful. It is very useful in hæmoptysis, in doses of thirty or forty or even sixty minims of the liquid extract every three or four hours, indeed hourly in severe cases.

Hildebrand advises hypodermic injections of ergot for fibrous tumour of the womb; a curious measure, it would seem, but it is endorsed by Drs. Keating and Ashurst, distinguished American physicians, who state that the injections at intervals of five to six grains of ergotine will greatly diminish the size of fibrous tumours. In a case reported by Dr. Keating the pulse, respirations, and temperature fell for a time after each injection, the fall increasing with each injection; thus, after the fifteenth injection, the pulse fell to fifty-six, the respirations to twelve, and the temperature to ninety-six. (?) The ergotin excited much nausea and sickness; due probably to the effect of the ergot on the womb, for the introduction of the finger into the os uteri increased the vomiting. The occurrence of nausea and sickness, however, is not usual.

Ergot is strongly recommended in purpura.

If taken for a long time it is said sometimes to produce fatal consequences, namely, spasmodic contractions of the muscles, and now and then gangrene of the extremities, in character generally like senile gangrene. These statements, usually repeated in therapeutic works, must be very greatly exaggerated, as we now administer considerable quantities of ergot for weeks, or even months, without producing either gangrene or spasm.

Its effects are most expressed on the womb, especially when pregnant, exciting in the gravid uterus powerful and continuous contractions. It is used in tedious labours, when the uterus is becoming exhausted, but must not be employed when there is obstruction to the passage of the child, otherwise it may occasion serious damage to the delicate structures of the mother. Many suppose that it endangers the life of the child in two ways, namely, by subjecting it to powerful and continuous uterine pressure, and by weakening its heart. This injurious pressure may be avoided, it is said, by ad-

ministering the medicine in small doses, so as to strengthen the natural intermittent contractions of the uterus, without making them continuous. It is recommended to watch its action on the fœtal heart, and if the pulsations fall to 110, or the beats become irregular, either the drug should be discontinued or the delivery effected by instruments.

It is extremely useful in post-partum hæmorrhages, arresting the bleeding by producing firm contraction of the uterus, and by its influence on the blood-vessels. It is also of great use in the various forms of menorrhagia, even when it depends on uterine tumours. It is, perhaps, the most valuable medicine known in uterine hæmorrhage, checking the bleeding when other remedies have failed, and when the patient is reduced almost to a helpless state. In such critical circumstances it must be given in full doses. Some doctors give half an ounce of the liquid extract, and repeat it in half an hour, or even in a shorter time, without inducing any toxic effects. It promptly checks, and in a few hours effectually stays the bleeding. Dry cupping over the sacrum is useful. Perfect rest should be enjoined.

It is said that ergot will arrest sweating.

Ergot is said to reduce the temperature of the body, but most observers doubt the truth of this assertion. The hypodermic injection is said to reduce the temperature of cats and dogs.

It is stated to be useful in neuralgia and paraplegia, whooping-cough, incontinence of urine, and even in some cases of leucorrhœa; but the form of leucorrhœa is not mentioned. It is also recommended in amenorrhœa with anæmia, after the use of iron. Perroten strongly recommends ergotine injections in prolapsus of the rectum.

It is the most useful remedy in diabetes insipidus. Da Costa first employed it in this disease. The dose should be regulated by the effect, but doses large and frequent are often required.

Dr. Davidson reports a singular case of poisoning by ergot. A pregnant woman for several months took large doses of liquid extract and powdered ergot, till at last it caused death. When called to see the patient she complained of lumbar and arthritic pains, and vomited a reddish-brown pultaceous matter (blood). She passed urine looking like blood. After his visit she vomited half a pint of blood. The upper part of the body was intensely jaundiced. She had "genuine black eye." Her lips and tongue were swollen and covered with dry black blood. Her heart beat 150 per minute. After death he found numerous ecchymoses in the subcutaneous fat in the peritoneum and in the lungs. Also much blood in the peritoneal cavity and in the stomach and intestines.

COFFEE. CAFFEINE.

Caffeine is now largely used on account of its action on the heart; and also mainly for its influence on the kidney, since it acts as a direct diuretic. It is generally given in the form of citrate, in the dose of two to five grains several times a day.

Dr. Pratt took twelve grains of caffeine, which induced restlessness, mental depression, muscular tremulousness, frequent desire to pass water, and great sleeplessness.

A man took a drachm of the citrate by mistake. There occurred burning in the throat, giddiness, nausea, faintness, numbness, tremors, free diuresis, great cardiac weakness, cold extremities, collapse. Intelligence was not affected. The man recovered. (Routh.)

Poisonous doses given to mammals produce restlessness, hurried breathing, muscular weakness, tetanic and clonic convulsions, and death from respiratory paralysis.

It affects then both the brain and cord, the mental alterations being due to its influence on the brain, and the tetanus to its action on the cord.

In frogs it induces rigidity by its direct action on the muscles. At first it accelerates the heart's action, but soon the contractions grow infrequent and irregular, these effects being due to the direct action of caffeine on the heart. It heightens arterial pressure.

Binz and Leven find that heightened arterial tension occurs after section of the vagus.

The motor nerves are unaffected. Pratt finds that the sensory nerves are depressed.

It strengthens the cardiac contractions and heightens arterial tension, thus acting like digitalis, which in some measure it can therapeutically replace. Some say it is more efficacious than digitalis, but certainly this has not been my experience, and certainly it possesses less power to regulate an irregularly-acting heart.

Subsequent experience has fully demonstrated the inferiority of caffeine to digitalis. It is, however, a useful adjunct to digitalis in cases of cardiac disease.

Coffee, to some persons, is slightly purgative.

The active principle of tea and coffee is absorbed, and acts as a stimulant to the nervous system. These beverages are especially useful in a fatigued state of the system, and under ordinary circumstances are preferable in this respect to alcoholic drinks.

"Coffee," says Dr. Parkes, in his work on Hygiene, "is a most important article of diet for soldiers, as not only is it invigorating, without producing subsequent collapse, but the hot infusion is almost

equally serviceable against both cold and heat; in the one case the warmth of the infusion, in the other the action of the skin, being useful, while in both cases the nervous stimulation is very desirable. Dr. Hooker tells us that in the Antarctic Expedition the men all preferred coffee to spirits, and this was the case in the Schleswig-Holstein war, 1849. The experience of Algeria and India, where coffee is coming more and more into use, proves its use in hot climates." The same authority, speaking of tea, says: "Tea seems to have a very decidedly stimulative and restorative action on the nervous system, which is perhaps aided by the warmth of the infusion. No depression follows this. The pulse is a little quickened; the amount of pulmonary carbonic is, according to E. Smith, increased. The action of the skin is increased, that of the bowels lessened. The kidney excretion is little affected; perhaps the urea is a little lessened, but this is uncertain."

"As an article of diet for soldiers, tea is most useful. The hot infusion, like that of coffee, is potent against both heat and cold, is most useful in great fatigue, especially in hot climates (Ranald Martin), and also has a great purifying effect on water."

Tea and coffee are useful in the headache of nervousness and exhaustion, and as an aid in rousing and keeping a patient awake in opium poisoning.

A small cup of very strong coffee is often very useful in the paroxysm of asthma; in fact it gives relief in most cases, but in very unequal degree.

Caffeine, as first recommended by Gubler and Leech, is largely employed, in five-grain doses, as a diuretic in ascites and cardiac and renal dropsy.

In cardiac dropsy it is much inferior to digitalis and its allies. In renal dropsy it is very uncertain, in some cases acting abundantly, but in most cases producing little or no increase of urine. This difference in its action is difficult to explain. A similar difference occurs in healthy persons; in some, coffee stimulating the kidneys strongly; in other persons producing no effect; and this individual difference may modify the action of caffeine in disease. It is supposed to act on the kidneys in two ways—to increase the amount of blood flowing through the kidneys, and to stimulate the secreting structures of the kidneys.

The influence of caffeine on the general circulation, and on the circulation through the kidney has been ably investigated by Dr. Bradford and Dr. Phillips. The following is an account Dr. Bradford has kindly prepared for me:

"The method of experimentation was as follows: In chloroformed and curarized animals (mainly dogs) the general blood pressure, the volume of the kidney, and the rate of the flow of urine were simultaneously recorded on a moving surface. A solution of the par-

ticular drug experimented with was then injected into the external jugular vein, and the moment of injection was also recorded. The general blood pressure was recorded by connecting the carotid artery with a mercurial manometer, the volume of the kidney by means of Roy's oncometer, and the flow of urine by an apparatus so constructed that each drop of urine, as it fell from a cannula placed in the ureter, made a mark on the blackened surface of the drum.

"By means of this method it was possible not only to determine the action of a drug on the circulation and secretion of the kidney, but also to see whether these results are due to a direct action on the kidney, or only to an indirect action resulting from the effects of the drug on the heart and vascular system generally.

"When a solution of citrate of caffeine is injected into the external jugular vein in doses of half a grain to a grain of the salt, the following changes are seen to occur: The general blood pressure is lowered at first, and this fall is followed by a slighter rise; but with such doses as the above both effects are small and transitory. The fall of pressure is due to a diminution in the force of the cardiac beats, and this is followed by a period during which the heart beats are slowed and markedly strengthened, to be in turn followed by a period of acceleration, of short duration however, during which the blood pressure regains, or even slightly exceeds, its former level.

"The effects on the kidney are, however, much more marked. Immediately after the injection the kidney contracts, and this contraction may last for as long as one or two minutes, that is to say, for a much longer time than the effects produced on the general blood pressure, which only persist for some twenty or thirty seconds. This contraction or diminution in bulk of the kidney is very considerable, and is, no doubt, due to constriction of the renal vessels. It is followed by a large expansion, that is to say, the kidney not only returns to its previous volume, but it expands considerably beyond it. This expansion of the kidney is of much longer duration than the previous contraction, and its course is also slower, that is to say, the dilatation of the renal vessels is gradual, whereas their previous constriction was quite sudden. The renal dilatation may persist for as long as twenty or even thirty minutes.

"Thus the action of caffeine on the kidney vessels is a double one, and the observed effects on the volume of the kidney are directly due to this, and not indirectly to any effect on the general blood pressure. That this is the case is shown by the fact that smaller doses, *i.e.*, $\frac{1}{8}$ to $\frac{1}{4}$ grain will produce marked effects on the kidney without any very obvious variations occurring in the general blood pressure.

"The action of the drug on the heart is probably also a mixed one; not only does it cause a diminution in the force of the beats, but it probably at the same time causes a contraction, tonic in character, of the ventricular muscle. As a result of this, the capacity

of the heart is diminished, and hence a smaller quantity of blood will leave the organ at each systole, thus leading to the fall of arterial pressure.

"The effects on the flow of urine are also very marked. During the period of the contraction of the kidney the flow is either greatly diminished or even arrested. During the subsequent expansion the rate of flow is greatly increased, and this increased rate persists for as long as the renal dilatation. Many other drugs besides caffein will produce contraction of the kidneys, but, apparently, this is the only drug that produces any actual arrest of the urinary secretion during this contraction. Ulexin, a powerful alkaloid obtained from the seeds of gorse, has a very similar action on the kidney to that of caffein, producing at first contraction, then dilatation accompanied by free diuresis. Its diuretic action, however, is more transitory than that of caffein, and, inasmuch as it produces violent vomiting in the human subject, it is not a drug at all suitable for diuretic purposes. There is, however, one point of interest with regard to these two drugs. If several doses of caffein be injected into the circulation at short intervals we soon arrive at a point when each injection causes only contraction of the kidney, and diminished secretion; no diuretic effect whatever being produced by the drug. With ulexin it is different; repeated doses, or single large doses, only produce a moderate degree of expansion instead of the double effect of contraction followed by expansion. With regard to caffein, this difference in the action when the doses are repeated too rapidly may be a point of some practical importance, since, under these circumstances, the drug ceases to be a diuretic.

"Many other substances will produce expansion of the kidney, as, for instance, urea, acetate and chloride of sodium, &c., but in no case are the results so marked as with caffein."

Although tea and coffee are very wholesome beverages, yet either one or the other, or both, will in some persons occasion palpitation of the heart, sleeplessness, and mental excitement.

Some maintain that caffeine is as useful as a local anæsthetic as cocaine; thus two minims of 2·5 per cent. solution completely removed sensibility (Terrier); and Dr. Faurel employs a 2 per cent. solution of caffeine almost to the exclusion of cocaine in affections of the pharynx and larynx. This, however, does not agree with the experience of others. Dr. Laborde could not obtain anæsthesia of the cornea with even concentrated solutions, nor with theine; but Laborde finds that a glucoside obtained from Boldo produced anæsthesia quite as marked as from cocaine.

Caffeine, often in the form of effervescing citrate of caffeine, is useful in sick headache (migraine). Salicylate of soda, or antipyrine, or antifibrine, are, however, much more effectual.

The following solution is useful for hypodermic use:—Twenty

grains of caffeine, seventeen grains and a half of salicylate of soda, and a fluid drachm of water. Three minims of this solution contains one grain of caffeine.

COCAINE.

*[By Dr. Dudley W. Buxton.]**

Cocaine produces a localized anæsthesia when applied to the mucous membranes or skin; its action is extended more deeply when a hypodermic injection is made into the subcutaneous tissues. Paul Bert asserts that the action of cocaine is purely local, extending only so far as the drug actually comes in contact with the tissues. However, this does not correspond with the experience of others. It has been thought, although as yet no sufficient proof has been advanced, that cocaine acts by paralyzing the terminal twigs of the sensory nerves, as well as sensory end organs. On the other hand, many careful observers have come to the conclusion that the anæsthesia caused by cocaine is due to vaso-motor action. The cocainized area becomes pale, blanched, and finally almost bloodless, so that the sensory nerves, being deprived of their due blood supply, cease to communicate painful impressions received from without. It is found that there is firstly a loss of sensibility to pain, next to variations in temperature, and finally tactile sense is abolished.

And further, the nerves of special sense cease to convey their peculiar impressions. The cocainized mucous membrane of the nose loses its appreciation of smell, and that of the tongue its power of taste. In every case the effect produced is transitory, and passes off in from twenty minutes to half an hour.

When painted over the skin a sensation of warmth is at first experienced, to be succeeded in a few minutes by complete loss of sensation, the part becoming anæmic.

The depth to which the action of cocaine penetrates seems to differ considerably, but in no case does the anæsthesia appear to extend beyond the structures proper to the skin and mucous membrane.

Coca has long been known to exert very decided influence over the central nervous system. Many South American tribes use it to habituate themselves to feats of endurance, needing, it is said, little food or rest while under its influence. Aschenbrandt administered $\frac{1}{7}$gr. of hydrochlorate of cocaine to Bavarian soldiers without their knowledge, and found it removed their sense of fatigue, while it enabled them to undergo fresh hardships and to subsist on a

* The additions to this article, between brackets, for the present edition are made by me, S. R.

minimal diet. He found no subsequent ill effects followed this treatment. However, Moreno and Maiz state that coca habitués suffer from impaired digestion, emaciation, muscular tremors, and die of marasmus.

Upon the centre nervous system cocaine acts as an excitant. Tumas of St. Petersburg found that painting over the exposed motor areas of the brain lessened their excitability, but without any initial increase, and he also showed that epileptiform convulsions were provoked with difficulty, and required a very strong Faradic current when the motor area had been previously painted with cocaine. In the lower animals, the first effect of cocaine is to produce a curious calm, to which succeeds a period of great excitement. Weakness, marked by muscular tremors, then appears, and the tremors later on pass into convulsive movements, while the weakness gives place to paralysis. The head rolls from side to side like a pendulum, a phenomenon which Von Anrep attributes to some alteration caused by cocaine in the tension of the fluids of the semicircular canals. Epileptiform convulsions are developed subsequently, and finally tetanic (spinal) rigidity supervenes, and the animal dies asphyxiated.

The reflexes were increased, and this took place both before and after section of the spinal cord. In dogs large doses cause great excitement, with expression of joyousness and delight; but if the dose be pushed, the animals became dejected and struck with terror, their limbs trembled, and they were seized with convulsions. In some animals opisthotonic convulsions occurred, and in some spastic rigidity. In man only the excitement stage with exhilaration has been attained, and it is probable that the toxic dose of cocaine is for man very large. [A large dose first stimulates, and then paralyses the sensory and motor nerves, the sensory being more affected than the motor. The spinal cord, Ott finds, is similarly affected.] As much as twenty grains have been taken without any harmful result. It kills by causing cessation of respiration.

Upon the circulation cocaine acts in two ways: it constricts the vessels, and so increases arterial pressure, while it stimulates the heart. The last-mentioned effect passes off before the contraction of the vessels disappears.

[The contraction of the blood, induced by either topical or general administration, is followed by dilatation, and if a large quantity is used, dilatation at once ensues of the arteries, capillaries, and veins. This primary dilatation lasts about six minutes, and is followed by contraction for about the same space of time. Weak doses, hypodermically administered, contract the vessels for a short time, dilatation beginning in about ten minutes, and continuing for three quarters of an hour (Krüger.) The contraction of the vessels is ascribed to stimulation of the vaso-motor centre, as section of the spinal cord prevents a rise of blood pressure. Small doses accelerate

the pulse, large doses slow the pulse. A full dose, as of half to three quarters of a grain, given hypodermically, accelerates the pulse to 120, or 130, or 140 beats per minute, and makes it irregular.]

Cocaine exerts a modifying effect upon the secretions. It lessens the production of saliva, gastric juice, tears, and, it is said, also of perspiration.

The peristaltic movements of the intestines are at first increased, but at length become sluggish, and then paralysis occurs. This explains the fact that several authorities speak of cocaine as acting mildly upon the bowels, while, as was stated above, those who abuse it by excess suffer from constipation and dyspepsia.

The action of cocaine upon the muscular system is at present uncertain, for while Nikolsky and Von Anrep expressly state the muscles are unaffected, Ott and Buchheim and Eisenmenger describe its behaviour as presenting a parallel to that of veratrine.

The quantity of urine is lessened, as is the amount of urea excreted, and this, coupled with its general behaviour in supporting the body under fatigue and low diet, would suggest that it possesses the power of staying tissue change throughout the body.

A slight rise in the general temperature occurs under cocaine administration; large doses are said to raise the rectal temperature considerably, but as a rule this is preceded by an initial depression. In poisoning by cocaine the rectal temperature becomes subnormal before death.

Elimination of the drug takes place probably by the kidneys, and it is often accompanied by the production of albumen and sugar in the urine. Von Anrep regards these as resulting from the asphyxia caused by the cocaine's paralyzing action on the respiratory muscles, and not from any direct action of the alkaloid.

All observers appear to agree that the intellect remains unaffected, save by way of exhilaration or depression.

Upon the pupil cocaine possessed a marked mydriatic effect. This begins to show itself in from ten to twenty minutes after dropping the solution upon the conjunctiva, and it reaches a maximum in half an hour, persisting for another half hour, and then gradually disappearing. Although, according to Dr. Knapp, of New York, cocaine dilates the pupil as much as atropin, its effects pass off very much more rapidly; and further, it reduces the power of accommodation, while it does not wholly do away with it. Even before the dilatation has ceased the power of accommodation returns in full force. It seems that the range of accommodation is shortened by moving the near point from the eye, but the far point is not appreciably affected. Together with this mydriatic action, cocaine, as Koller first pointed out, renders the conjunctival and sub-conjunctival tissues wholly insensitive to pain, so that cauterizing, cutting, &c., may be performed with impunity, so long as the deep structures are not invaded.

The employment of hydrochlorate of cocaine as an anæsthetic in ophthalmic practice has now received ample trial, and has been well spoken off by the leading ophthalmic surgeons, both at home and abroad. A four per cent. solution is instilled into the conjunctiva, three or four times, at intervals of five minutes. When the conjunctiva can be picked up without the patient's experiencing any discomfort the operation may be proceeded with. In this way iredectomies, extractions and operative measures dealing with the conjunctiva, are rendered painless, although in some cases section of the iris occasions momentary pain. Dr. Keyser has met with several cases of panophthalmitis which ensued upon operations performed upon cocainized eyes, and he attributes this unhappy result to the cocaine. Such cases, however, would appear to be very rare. A further evil consequence, alleged to have followed the use of the hydrochlorate as a mydriatic, is the supervention of yellow opacity of cornea. This discoloration was speedily got rid of when atropin was used in place of cocaine.

In operations for squint it is not sufficient simply to instil the cocaine. A few drops of a four per cent. solution are injected by a fine hypodermic syringe through the cocainized conjunctiva into the muscle which it is desired to tenotomize. Mr. Walter Jessop adopted a similar plan to produce anæsthesia of the canaliculi, and was able to slit them up without giving any pain. The same surgeon cautions against cocaine in cases in which it is requisite to remove foreign bodies from the cornea, as it renders that structure so flaccid that operative measures become very difficult, and unless great care is taken serious abrasion of the corneal surface may be caused.

In the treatment of glaucoma by section of the iris cocaine fails, unless it is injected into the anterior chamber. Mr. Jessop has used with success a small steel bent cutting needle, the stem being bored and made to fit a hypodermic syringe. Excision of the eye in most cases in which cocaine was used proved painful, at all events during the last stages, when the deep structures were divided. It is well in preparing for these operations to inject hypodermically both the subconjunctival and subfacial tissues. The photophobia ensuing upon corneal ulcers or other causes is relieved completely by instillations of a four per cent. solution of the hydrochlorate of cocaine. Mr. Frank Hodges, of Leicester, has pointed out the peculiar merit of cocaine in deep wounds of the cornea, or sclerotic. To remedy such laceration very painful manipulation is needful, and the employment of a general anæsthetic might, he points out, cause struggling, and so lead to loss of vitreous, whereas, under the influence of cocaine, the patient remains quite still, feels no pain, and can assist the operator by moving his eye in any required position. When it is desired to obtain an anæsthetic without a mydriatic effect it is necessary to combine pilocarpine with the cocaine. Dr. Bradford employed ten drops of a five per cent. solution of pilocarpine to a drachm of a four

per cent. solution of hydrochlorate of cocaine, and found it answered admirably.

A convenient method of using cocaine is in the form of the officinal discs which are composed of gelatine, glycerine, and $\frac{1}{200}$ gr. of hydrochlorate of cocaine. Placed beneath the eyelid while the lids are closed, it soon exerts its influence. In prolonged operations about the eye it is necessary to repeat the dose of cocaine at intervals, and this is easily done by using a drop bottle.

A peculiarity in the effect produced by cocaine, and pointed out by Kœnigstein of Vienna, is that a certain amount of exophthalmos follows its topical application to the eye ; but this soon passes off, and leaves no untoward consequences. The fundus oculi is unaffected, nor is the intra-ocular tension altered by the use of cocaine. Another useful method of applying this anæsthetic is to combine it with vaseline, making a five per cent. ointment, and smearing it over the part to be rendered insensitive.

[A three per cent. solution may cause exfoliation of the corneal epithelium or chronic interstitial keratitis and panophthalmitis.]

In examinations and operations about the larnyx cocaine has been employed for some considerable time. Dr. Semon recommends painting the larynx, uvula, and neighbouring parts with a twenty per cent. solution. This not only enables the surgeon to obtain a good view of the parts, but allows the painless removal of polypi and other growths. The operation can be performed in five or ten minutes after this application.

For the treatment of ulcerations on the epiglottis, whether tubercular or otherwise, painting with a twenty per cent. solution is very useful, and a like application is of singular service in acute and chronic laryngitis. Dr. Neale states that the small operation of removing the uvula can be accomplished painlessly, if the part be painted once or twice with a two per cent. solution.

Tonsillitis is relieved in two ways by the use of a four per cent. solution of the hydrochlorate painted over the tonsils ; the patients are able to swallow without difficulty, and their pain is assuaged. It is necessary to repeat the application every hour or so, according as the pain returns or not. No fear need be entertained of toxic symptoms appearing, as cocaine appears not to have a cumulative action. In other forms of dysphagia cocaine painted over the pharyngeal mucous membrane is very serviceable.

[It is sometimes administered as spray in throat diseases. Forty minims of four per cent. solution employed in this way has induced serious symptoms : headache, giddiness, flushed face, dryness and constriction of the throat, widely dilated pupils, slow respiration and rapid pulse, with some cyanosis. Rapidly inhaled and rapidly absorbed by the lungs, it is conveyed in a concentrated state to the heart.]

According to Dr. Bosworth and others, painting the nasal mucous membrane with a twenty per cent. solution, greatly relieves hay fever, and removes its paroxysms. Dr. Paget of Great Crosby finds a four per cent. solution efficacious: he directs that a few drops should be allowed to fall into the nostril and to be sniffed up while the head is held well back. In all cases it is important to dry the mucous membrane, as far as possible, before the application is made. Acute coryza in its early stage, may, it is said, be completely arrested if the nasal mucous membrane is painted with cocaine.

When cocaine is painted over the mucous membrane lining the meatuses of the nose it causes a marked constriction of the parts, so that the mucous membrane clings closely to the bony framework. This peculiarity is of great service in anterior and posterior rhinoscopy. Mr. Cresswell Baber recommends the use of cocaine when there is undue erection of the turbinate bones, and also for hæmorrhage from the nasal mucous membrane. Operative measures which involve the deeper nasal structures, as a rule, require a general anæsthetic; but some successful cases are reported in which pledgets of absorbent cotton-wool soaked in cocaine hydrochlorate twenty per cent. were sufficient to render the structures anæsthetic. It is necessary to delay the operation in order to reapply the cocaine plugs from time to time.

[Cocaine hydrochlorate is useful in psoriasis of the tongue; thus a tabloid sucked just before a meal averts the pain from the passage of the food.]

According to Dr. Henry Reden, an atomizer containing a four per cent. solution of the hydrochlorate, is a sure means of curing otalgia. He directs the patient to inhale vigorously, then by closing the lips and expanding the cheeks to force the spray up the Eustachian tubes. This plan he supplements by spraying the tympanic membrane through the external meatus. The inhalation was repeated every three minutes. Perhaps a better plan is to pass a Eustachian catheter and inject a few drops of a two per cent. solution, taking care to warm it beforehand.

Dr. Weld, of New York, paints the gums with a ten per cent. solution before removing tartar from the teeth, and in dealing with a sensitive tooth pulp Merck's method of working up a little of the hydrochlorate, or, better, the citrate, into a pill, and pressing it into the painful cavity,, is highly satisfactory. It may also be applied by small cotton-wool plugs soaked in a twenty per cent. solution. Fissures, ulcers, and painful swellings on the tongue, lips, and mucous membrane of the cheeks cease to give trouble after painting with cocaine. As it does not cure the condition, the pain will return unless frequent paintings be had resort to.

Upon the urino-generative tract cocaine exerts most benign effects. The injection of a few drops of a two per cent. solution into the

urethra relieves the pain and smarting of acute gonorrhœa. The injection, which must not be made with alcohol, should be retained for a few minutes, and repeated before micturition is attempted. It is said to shorten the duration of the urethritis. A similar manœuvre may be tried before catheterization, in cases in which instruments are badly borne. When a stricture is present, it is often difficult to render the urethra insensitive beyond it. An injection of four per cent. is highly spoken of in irritable bladder. Small cotton-wool tampons soaked with a two per cent. solution relieve the burning pain of blenorrhœa. In some cases a five per cent. ointment proves more serviceable. The intense suffering caused by the itching of scrotal eczema yields at once to a lotion of cocaine. Pruritus ani and of the pudendum and vaginismus are also relieved, although of course it is necessary to ascertain and remove the cause of these painful conditions.

Dr. Symes, who recommends suppositories and pessaries for the relief of painful conditions about the rectum and vagina, cautions that the former should not exceed five grains, the latter not fifteen grains, as dilution of cocaine considerably lessens its activity.

Dr. Adelberg Weiss, of Vienna, was able to allay the agonizing pain of extensive scalding by painting the skin with cocaine lotion.

As a hypodermic injection the hydrochlorate of cocaine proves useful in the treatment of various forms of neuralgia. For this purpose not more than a third or half a grain should be employed, and the injection must be practised, if possible, in the course of the nerve.

[It is better to begin with even a smaller dose, as the susceptibility to the drug varies in different persons. I have seen the hypodermic injection afford great relief for several hours in cases of severe neuralgia. It is especially useful for patients who are disagreeably affected by hypodermic injections of morphia; often the patients experience a very pleasant stimulation, which they compare to the effects of champagne, and so exhilarating is the result sometimes that they are very reluctant to discontinue the drug.]

Merck has prepared an artificial cocaine from benzoyl-ecgonin.

The salts of cocaine have been employed internally for their action upon the heart and nervous system. Thus Dr. Hicks, of New York, found doses of cocaine relieved the dyspnœa due to weakened respiratory action. He also found benefit followed its use in cases of palpitation when a weakened heart, although free from valvular lesions, had become dilated and atonic. One half a grain alleviates these symptoms, and proves serviceable in nervous exhaustion and sick headache. In the treatment of alcohol craving and the morphia habit, many careful observers pronounce cocaine to be of great benefit. It restores the appetite, induces sleep, and promotes digestion, while it soothes the brain and induces a feeling of contentment and calm.

[Given in the form of a pill, cocaine sometimes eases painful affections of the stomach, and averts vomiting. It is sometimes useful in the vomiting of pregnancy, and may be taken by the mouth, administered hypodermically, or applied to the os uteri.

An electrical current assists the absorption of cocaine, like other alkaloids. The positive pole should be dipped in a solution of cocaine hydrochlorate and applied to the skin, which speedily becomes anæsthetic.

Administered as an anal injection or suppository, it checks the diarrhœa and straining of dysentery.

Cocaine is useful in pruritus ani, and in itching diseases of the skin, like eczema.]

Cocaine hydrochlorate, when kept in solution, is liable to undergo changes, and a fungus appears upon the surface, rendering the solution irritating and unfit for use. The addition of $\frac{1}{600}$ of a grain of salicylic acid preserves the cocaine, but renders its solution rather irritating, and so should not be used in ophthalmic practice. Holz has found ten-minim doses of a three per cent. solution, given three times in twenty-four hours, useful in the vomiting of pregnancy; and Dr. Spriman claims that benefit follows a quarter of a grain in nervous dyspepsia, given three or four times a day in milk or coffee.

CINCHONA AND ITS ALKALOIDS.

Salts of quinine are protoplasmic poisons, arresting amœboid and the allied movements of the white corpuscles. Even weak solutions are highly poisonous to protozoa and infusoria (Binz), more so even than salts of strychine or morphine. Small quantities of quinine salts destroy septic germs and arrest putrefaction more thoroughly than most antiseptics, including even arsenic and creosote. Quinine is not equally destructive of all micro-organisms; those of septic fluids resist its action to a great extent. Moreover, with the exception of strychnine, quinine hinders alcoholic and butyric fermentations in greater degree than other bitters. It does not prevent the action of ptyalin on starch, nor the conversion of amygdalen into oil of bitter almonds. Cinchonine possesses the same properties, but in a weaker degree than quinine.

Powdered bark contains, besides various alkaloids, a considerable quantity of tannin, a fact to be borne in mind when we administer bark, or any of its preparations.

Finely powdered bark dusted thickly over foul, indolent, slough-

ing, and even gangrenous ulcers, and left to form a kind of poultice, does apparently promote the healing process. Hospital gangrene, too, has been successfully treated in this way.

Bark has been employed as a dusting powder to check profuse formation of pus, mucus, or the secretion of eczema.

Quinine is employed in the form of spray, and as a strong solution applied topically to the throat in diphtheria.

Since its adoption by Helmholtz solutions of quinine are employed to flush the nose in hay fever. In some cases this treatment succeeds, but in most instances it fails completely.

Dr. Currie finds that he can always arrest excessive sweating by bathing the skin with a solution of alcohol (a pint) and quinine (a drachm).

Cinchona bark and its preparations are bitter to the taste, and, like all bitter substances, stimulate temporarily the salivary glands. The tannin of the bark precipitates the mucus of the mouth, and acts likewise as an astringent to the mucous membrane itself.

The alkaloids, when swallowed in an insoluble form, combine with the acids of the gastric juice and become soluble, so that, as a mere solvent, it is unnecessary to administer quinia and cinchona with acids. A large dose merely suspended in fluid is far less bitter than when dissolved.

The taste of quinine can be concealed by adding to it an equal quantity of powdered ginger. Milk, too, covers the taste of quinine. When large doses, as forty grains, are administered, it is better to give it in pill, otherwise it may cause sickness.

The alkaloids of bark probably undergo no other change in the stomach than that just mentioned. Their action in the digestive tract is similar to that of bitters generally, being slight irritants to the mucous membrane, and so producing, both in the mouth and stomach, an increase of mucus. It is generally stated that cinchona increases, to a small extent, the amount of the gastric juice for a short time; and further experiments show that cinchona and its alkaloids check the action of the gastric juice on the food, and check also fermentations, as that of sugar by yeast. It appears, therefore, that cinchona increases for a short time the production of both saliva and gastric juice, and so in a small measure may aid digestion; that it is an irritant to the mucous membrane, and promotes the secretion of the mucus of the mouth and stomach; and that it checks the digestive action of the gastric juice and fermentation.

Thus our theoretical knowledge would appear to show that quinia neither increases appetite when the stomach is healthy, nor aids in any marked degree digestion; yet experience fails to support these views; for, even when the stomach appears to be healthy, quinine certainly seems to sharpen appetite and assist digestion, especially in general debility.

These substances are useful to check unhealthy or excessive fermentation in the digestive canal.

These alkaloids if too long employed disorder the stomach, producing heat and weight at the epigastrium, loss of appetite, nausea, sickness, and even diarrhœa. Poisonous doses excite great thirst, burning pain at the epigastrium, and vomiting.

Quinine appears to exert no influence on the secretion of bile.

It is given with benefit in cases of worms; but as decoction of cinchona appears to have no direct influence on ascarides and teniæ, the good effects of quinine must be due to its beneficial effect on the mucous membrane, by preventing the production of the abundant mucus which favours the development and growth of these worms.

When quinine is taken in large quantities some of it is said to pass off with the fæces.

Quinine readily passes into the blood; and as it can be detected unchanged in the urine, sweat and secretions of healthy persons and fever patients, probably very little undergoes decomposition in the body. It is almost exclusively eliminated by the urine, most of it being excreted in six hours.

Quinia lessens the power of hæmoglobin to convert oxygen into ozone, and so lessens the ozonizing action of the blood. (Binz. Schutte.)

Large doses affect the sight and hearing, excite subjective noises, as of bells ringing in the ears, and occasionally produce deafness. Sometimes, but very rarely, a large dose destroys the sense of hearing for life; but usually, in a short time, possibly in a few days, the noises cease, and the hearing again becomes natural. Large doses often dim the sight and sometimes cause total temporary, rarely permanent, blindness. I have noticed on some occasions that the defect of vision is strangely limited to one eye, or begins first in one eye. The pupil of the affected eye is very generally dilated, and sometimes to an extreme extent. Severe frontal headache, with dull, heavy, tensive, and sometimes agonizing pains are some of the most distressing and frequent symptoms that follow a large dose of quinia. While these symptoms last, and, indeed, generally before they appear, the face is flushed, the eyes suffused, and the expression is dull and stupid. Even small doses, in persons very susceptible to the action of this medicine, will produce some of the foregoing symptoms, especially the headache and mental disturbance.

In one of my patients a small dose of quinine always brings out a uniform red rash over the whole body, most marked on the back of the neck, accompanied by very severe stinging pain, especially on the nape, and in the clefts between the fingers. Desquamation, as free as after a sharp attack of scarlet fever, always follows the rash.

In some people quinine produces large patches of erythema, with great irritation, gastric disturbance, and accelerated pulse. A patient tells me that even small doses always excite violent urticaria, her face swelling till she can scarcely see. She is

so intolerant of this drug that a quinine hair-wash brought out a crop of urticaria on her head, and a tooth-powder, containing a small quantity of quinine, caused swelling of her lips and gums.

Many of the foregoing symptoms no doubt are due to the action of quinia on the brain. In toxic doses it excites convulsions. Chirone and Curci find that the removal of the motor centres of the brain prevent these convulsions, and if the central hemisphere is removed on one side the convulsions are unilateral. Albertoni, on the other hand, finds that quinia will induce convulsions when the central hemisphere or the cortical motor centres are removed.

Small doses increase the reflex action of the spinal cord; larger doses lessen reflex action by stimulating Setschenow's centre; and large doses destroy the reflex function.

In large doses quinia depresses the heart by its direct action, and probably also the vaso-motor centre, and hence diminished arterial tension.

Workers in bark sometimes suffer from a scaly papular eruption, or from a vesicular weeping eruption, and occasionally from great swelling of the genitals, or of the face and eyelids, with redness of the eyes. They sometimes complain of great itching of the whole body, and it is known that quinia sometimes produces urticaria.

I find that, like other antipyretics, quinia, when given in toxic doses, does not reduce a non-febrile temperature, and Dr. Bartholow has confirmed my experiments.

Kerner finds that quinia prevents the rise of temperature from active physical exercise, and this is not due to increased loss of heat through the skin by perspiration, as quinia lessens perspiration.

Drs. Wood and Reichert, however, show that cinchona alkaloids increase both heat formation and heat dissipation, heat dissipation being much in excess of heat formation. They do not feel justified in deciding which is the cause of the other, whether increased loss of heat induces increased heat production or *vice versâ*.

Drs. Cutler and Bradford find that quinia diminishes the red, and increases relatively the quantity of white, corpuscles of the blood.

Piorry maintains that during a fit of ague quinine at once diminished the size of the spleen, and it is said that this drug exerts a similar effect on this organ during other fevers, and even in health. Jerusaliewsky finds that quinia will reduce the size of the spleen, even when the nerves going to the spleen are divided before administering the drug.

The influence of cinchona and its alkaloids on the various forms of intermittent fever is well known, controlling this formerly common complaint more effectively than any known drug. It has been supposed to check the fever by its influence on the spleen; but, granting this assumption, it yet remains to show how the influence of the quinia on the spleen prevents the return of the fever

paroxysms. It probably kills the microbe on which this disease depends. Osler finds that the infusoria he always finds in the blood of ague patients disappear under quinine treatment, the diminution being gradual.

Quinia generally arrests the disease at once. It is well, however, to bear in mind that this remedy may dissociate the other symptoms from the elevation of the temperature; or, in other words, it may remove the shivering, sweating, and quick pulse, while the temperature may remain as great, or nearly as great, as on previous days. Mere rest will occasionally effect the same dissociation. Unless the unnatural elevation of temperature has been restrained the paroxysms will speedily return. This fact it is necessary to recollect, otherwise it may be concluded that with the removal of the more obvious symptoms the disease itself is cured, and thus the patient may be permitted to return to his usual avocations.

A still more curious circumstance remains: that is, quinia may check all the symptoms, even the periodical elevation of the temperature, and yet about the same time of day that the series of symptoms were wont to take place, an increase in the urea and urinary water may occur as during a severe paroxysm; that is, all the symptoms of the paroxysm are absent, except those pertaining to the urine.

I made two experiments which tend to show that quinia, given after the commencement of the fit, is powerless to prevent the elevation of temperature of that attack, although the drug may effectually prevent the rise in succeeding paroxysms. It is said that quinia subcutaneously employed after the paroxysm has begun will arrest the fit. Some hold that quinia is less efficacious than the powdered bark, even when the cinchonia is allowed for; and it is even held that powdered bark is more tonic than quinia. On the other hand, no doubt powdered bark, by reason of its bulk, and of the tannin it contains, frequently upsets the stomach.

There is great variation of practice regarding the administration of quinia, some giving small doses several times daily, others preferring a single large dose daily; both methods are useful, but under different circumstances. In the mild forms of ague, like those now met with in this country, small doses several times daily are sufficient: but in malignant forms large doses given even several times a day may be required summarily to arrest the disease. Some say that the drug should be given at the very commencement of the fit; but this practice is held to be bad, by making the immediate attack more severe.

Trousseau advised that fifteen grains should be taken immediately after the fit, and repeated with an interval, first of one, then of two, three, and four days, and so on. Probably this is a good means to extirpate the latent tendency to the disease and to ensure a perfect cure; for it must be recollected that, judging by the temperature, a

patient may unconsciously undergo even a severe fit, a fact proving the great importance of employing the thermometer. Moreover, Trousseau's plan is judicious ; for even when the quinine has removed all symptoms the patient is liable to a recurrence of the attack, from various causes, as depression of the health, or a sudden shock, as that from an accident or operation ; indeed, in many instances, this tendency to ague lasts for years.

It is important to recollect that the effect of quinia on the fit bears no relation to its physiological operation, either in time or degree, for a small dose may prevent the occurrence of a fit otherwise due twenty-four hours afterwards, the effects of the dose on the system meanwhile never becoming apparent, or having long ere this passed quite away.

Quinia is of especial use in the malignant forms of ague. The dose should be large, and given in a non-febrile period. In these severe forms of the disease no circumstances are to be considered as contra-indicating its use. If it cannot be borne by the stomach it may be given by the rectum, or hypodermically. For injection it is recommended to dissolve the quinine in ether, as this solution is less irritating than an acid, alcoholic, or chloroformic solvent. Salts of quinidine, on account of their solubility, have been recommended for hypodermic use. Quinidine of commerce is generally very impure. Dr. Ranking, and others, find the hypodermic method highly successful. Dr. Ranking has treated 200 cases in this way. He uses a warm neutral solution of the sulphate, 1 in 10, injecting five minims. On an average three injections cure, the fever being arrested on an average in 2·5 days.

In remittent malarial fever large and often repeated doses should be administered during the remission.

The more recent the attack the sooner and more certainly will quinia cure.

It is less efficacious in quartan than in other forms of ague, probably because old ague generally assumes the quartan type. In obstinate cases resisting quinia arsenic often succeeds.

In some cases where this medicine appears powerless the administration of an emetic each morning sometimes brings the disease at once under the control of quinia.

Quinia is used as a preventive of ague, and in the navy it is a very useful sanitary precaution, where this fever prevails, to give sailors sent ashore quinia before and after landing. This preventive effect is forcibly illustrated in some observations recorded by Dr. J. B. Hamilton, of the Royal Artillery, who treated his men with quinia ; and but few succumbed to ague, and those were attacked mildly ; whilst another doctor, disbelieving in the preventive action of quinia, allowed his men to go unprotected by quinia, and a large number were struck down with fever, and several died. Dr. Hamilton

believes that cinchona is superior as a prophylactic to quinia, and quinidia very inferior to quinia.

The other alkaloids of bark, although inferior to quinia, will check ague. Cinchona, it is said, must be given in doses one-third larger than quinia.

The Medical Committee appointed by the Indian Government to estimate the relative value of the alkaloids cinchona, quinia, quinidinia, and cinchonidia, decided in favour of the use of all of them in ague. Naturally, there were individual differences of opinion concerning their exact relative value, but all agreed that they are all efficacious against ague. The general opinion was that sulphate of quinia and sulphate of quinidia possess equal febrifuge power; that sulphate of cinchonidia is only slightly less efficacious; and that sulphate of cinchonia, though considerably inferior to the other constituents, is a valuable agent in fever.

It is a fact well known that in the case of persons who have encountered ague, even many years beforehand, that in them other diseases are prone to take on an intermittent type, and that in such instances quinia is often of great service.

Again, certain forms of neuralgia not uncommonly depend on malarial poison, and are then apt to assume a type distinctly periodical. Here quinia in large doses, given shortly before the expected attack, is highly serviceable. Quinia often proves useful, too, in non-malarial forms of neuralgia presenting this periodical character. Even when the element of periodicity is quite absent large doses of quinia often succeed in removing the pain of this distressing malady. Quinia is said to control neuralgia and ordinary faceache more effectively when the powder is taken in minute quantities every few minutes—for instance, as much as will adhere to the finger's tip dipped into the powder.

It has long been recognized that quinia has most influence on neuralgia of the supra-orbital branch of the fifth—a branch most often affected with malarial neuralgia, and non-malarial periodic neuralgia; but even non-periodic neuralgia of this branch is probably more amenable to quinia than neuralgia of the other branches of the fifth, or of other nerves.

Quinia is recommended in other febrile diseases, as typhoid fever, bronchitis, broncho-pneumonia, pneumonia, and acute phthisis. Numerous observations prove that large doses effect a temporary reduction of temperature, occasionally a considerable fall.

In Germany, quinia treatment, originally introduced by Vogel, is largely adopted in all fevers, especially in typhoid fever. Liebermeister, who follows him, gives large doses of 20 to 45 grains at nightfall, so as to increase the morning fall down to the normal, or nearly normal, temperature. If the dose is inadequate to effect this he increases it. He strongly insists on the necessity of giving

the quinia in one large, rather than in several divided doses, as the piecemeal method has far less effect on the temperature. After very considerable experience, he avers that he has never seen these large doses produce any injurious effects, the decline of the temperature usually beginning a few hours after taking the medicine, and the minimum temperature is reached in from six to twelve hours. The combination of the cold bath with quinia is strongly recommended by some observers, as the quinia reduces the number of baths necessary to keep down the fever.

Quinia is supposed to control inflammation by its destructive influence on movements of the white corpuscles, and Binz maintains that, after irritating and inflaming the mesentery by the administration of quinia, the white corpuscles are killed, and their migration by the tissues, is prevented. It is supposed to lower temperature by lessening the ozonizing power of the blood, and thus checking oxidation.

Quinia in large doses of ten to thirty grains, repeated several times a day, has been recommended in rheumatism. Some advocate its use at the commencement, others at the termination of the attack—at the commencement, with the view of shortening the course of the attack, and diminishing the chance of relapsing, and at the termination, with the hope of preventing the profound anæmia which so generally accompanies acute rheumatism. Other authorities are altogether averse to the use of this drug, maintaining that it favours relapses, and merely disguises the pain, and in no degree shortens the attack. Quinine is incomparably inferior to salicylate of soda.

My experience is completely at variance with the statements relative to the usefulness of quinine in fever. No doubt a sufficient dose will lower the febrile temperature, and its frequent repetition will keep the temperature normal; but at the same time the patient becomes greatly depressed, and greatly inconvenienced by deafness, headache, loss of appetite, etc., so that any advantage arising from the reduction of the febrile temperature is more than counterbalanced by the toxic effects of quinine.

Quinine, strongly recommended by Corrigan, is also extolled by others in pneumonia. Two to three grains should be given every two or three hours.

Quinine has but little effect in hyperpyrexia.

Maragliano, using the hydroplethysmograph of Mosso, finds that a febrile temperature is preceded and accompanied by contraction of the cutaneous vessels, and during the decline of the fever the vessels of the skin dilate. He therefore concludes that Traube is right in attributing retention of heat as one cause of fever; though he regards increased formation as another cause. Maragliano finds that antipyretics, as kairine, antipyrine, thallene, quinine salts and sodium salicylate dilate the vessels of the skin both in fever and fever-free

persons, and so increases the discharge of heat. They also lessen the expiration of carbonic acid, showing that they also lessen the formation of heat.

Quinine is often given with decided advantage to check the profuse sweating of exhausting chronic diseases, such as chronic phthisis. If a small dose fail to check sweating a large dose of six or eight grains, administered at once, or in portions repeated hourly, sometimes succeeds.

In many cases of profuse sweating a night draught, composed of quinine, sulphate of zinc, and sulphuric acid, is very useful.

Quinine is sometimes useful in the vomiting of pregnancy. Many American writers believe that quinine strengthens the contractions of the womb during delivery, and some use it in preference to ergot. Other writers deny this action to quinine, but on the rather inconsequent ground that, when given during pregnancy, as for ague, quinine does not induce premature labour, though some writers have asserted the contrary.

Quinine is often employed with much benefit in diseases of malnutrition, as in impetigo and ecthyma. It is also of great benefit to the pale and badly-fed inhabitants of large populous towns. It is at present undetermined whether its good effects are dependent on its action on the stomach or on the tissues after its absorption into the blood. Quinia has been recommended in passive bleeding, undue suppuration, profuse menstruation, spermatorrhœa, and in excessive secretion of milk.

Quinia appears to be useful in some cases, but quite useless in others, of intermittent hæmaturia.

Some doctors highly recommend sulphate of quinine, in five-grain doses, in lumbago.

Quinia is found in the blood, which is a better solvent than water; in the saliva, bronchial mucus, milk, and in dropsical effusions. It is said to be eliminated slightly with the sweat; although Briquet, after giving large doses could detect none.

Both quinia and cinchona pass off in part by the urine, but a portion appears to be consumed in the blood, or to be eliminated in some other way. Kerner says that "a respiratory power of 3,000 c.c. destroys fifteen grains of sulphate of quinia, in twenty-four hours; any amount over this will pass into the urine." Quinia appears in the urine of healthy individuals in the course of two to five hours, but more quickly in young than in old persons. In some diseases (intermittents, pulmonary emphysema, pneumonia, morbus Brightii) its exit is much delayed, and in three cases in which large doses were given Dietl detected it in the urine many weeks after the last dose, showing that it is not easily destroyed in the body.

Kerner finds that large doses of quinine diminish the excretion of urea, uric acid, creatine, phosphoric and sulphuric acids.

Dr. Ranke has made the important observation that a scruple of disulphate of quinia lessens by one-half the execretion or the formation of uric acid, the effect continuing about two days after a single large dose, the other constituents of the urine remaining unaffected. It would seem likely that the uric acid is not simply retained in the system; for as in Ranke's cases, no subsequent increased excretion took place after the effect of the quinia had gone off; its formation was absolutely lessened, or it must have been converted into some other substance. (Parkes *On Urine.*)

Certain circumstances modify the operation of the salts of quinia. The physiological symptoms appear early in young people, who can resist the toxical action of the drug; but, on the other hand, the effects of quinia are more marked in old people. Diffusable seimulants, as wine and coffee, are said to counteract the action of quinia.

SALICINE. SALICYLIC ACID. SALICYLATES.

Salicylic acid is a powerful antiseptic. Wagner maintains that it is a more powerful disinfectant of wounds than carbolic acid. It is said to be three times more effectual in preventing fermentation than carbolic acid. Kolbe asserts that salicylates possess no antiseptic properties, the apparent contradictions to this statement being due to the specimen used containing some free acid.

It is often used in place of carbolic acid, as an antiseptic for wounds. A four per cent. solution is useful in pruritus and chronic urticaria. Salicylic acid lotions are recommended in some cases of eczema. A one per cent solution in vaseline or Oleum Delina is useful in eczema.

Salicylic acid, given hypodermically, is efficacious in anthrax; but is less effective than carbolic acid.

Bartholow recommends salicylate of soda in gastralgia and fermentation in the stomach.

Salicylic acid in large doses lowers blood-pressure. It destroys life by paralyzing the respiratory centre; others maintain by paralyzing the heart.

These substances in large doses produce tonic effects similar to those from quinine.

In order to produce any characteristic symptoms of salicine, a single large dose of one drachm or more is necessary, or thirty grains repeated hourly, two or three times. Given less frequently, or in smaller doses, it induces no symptoms whatever. Toleration of the drug is soon established, so that at last large doses fail to produce any characteristic effect; though when given at first, without any

graduation, these full doses, even after their discontinuance, produce very decided symptoms, which may persist one or two days, and may even become intensified the day after the withdrawal of the medicine. The repetition of large doses may produce slight fever, shown in delaying and greatly lessening the evening normal diurnal fall—an effect probably due to irritation of the stomach.

Smaller doses of salicylate of soda are sufficient to induce toxic effects; as from ten to fifteen grains every hour or two hours.

The aspect of a patient under full medical doses is rather characteristic, being in many respects similar to that of a person suffering from cinchonism. The expression is dull and heavy, the face quickly flushes on slight excitement, and the eyes become suffused. The flush, of rather a dusky hue, suffuses itself uniformly over the whole face. The patient, made more or less deaf, often complains of noises in the ears. He complains, too, of frontal headache, and his hands, when held out, tremble a little. His breathing is rather quickened and deepened. Not unfrequently, especially after large doses, nausea and vomiting ensue. In some cases one symptom may predominate; thus deafness may be almost complete, without headache or muscular trembling; or the breathing may be characteristic, and the limbs may tremble, without headache or deafness; but it rarely, if ever, happens that any symptom is unaccompanied with the dull, heavy aspect, and the readiness to flush.

Under toxic, but not dangerous doses, the headache is often very severe, so that the patient buries his head in the pillow. There may be very marked muscular weakness and tremor, associated with great muscular irritability, so that a slight tap, say on the shoulder, causes muscular contractions so strong as to jerk the arm backwards. There are often slight spasmodic twitchings when a limb is raised. Tingling of the extremities or other parts of the body sometimes occurs, the voice may become thick and husky, the respiration hurried, sometimes deepened, sometimes sighing and shallow, and almost panting, as though it were performed rather laboriously; but the patient does not complain of any difficulty of breathing. When the breathing is deep and hurried, both inspiration and expiration are often accompanied by a nasal, sniffing noise. The costal as well as the diaphragmatic movements are involved in the exaggerated breathing. Large doses, often repeated, quicken the pulse to 140 per minute, and it becomes very weak. Vision may be affected, the sight becoming dim, and strabismus or ptosis may occur—symptoms, however, I have never witnessed.

Patients taking salicine or salicylates often complain of great giddiness and of a feeling of intoxication on walking.

Sometimes patients are made delirious, the delirium often closely resembling delirium tremens. It may be accompanied by involuntary evacuation of urine and fæces. Delirium is often of the busy kind.

In some cases when salicylate of soda has excited delirium, if the drug be discontinued and in a short time repeated, it does not the second time produce delirium.

Salicylate of soda sometimes excites acute nephritis, with bloody albuminous urine containing casts.

In addition, these substances sometimes produce sickness, and more rarely diarrhœa, so that they cannot be continued; and further, salicylic acid often causes much distressing burning of the throat. When administered in fever, salicylic acid and salicylates not uncommonly excite very abundant perspiration, but this did not occur in my experiments on healthy persons. While administering these remedies in rheumatic fever, some observers have seen them produce an urticarial or vesicular eruption. These symptoms, Stricker asserts, appear sooner in old and feeble than in young and vigorous people. Dr. Dreschfeld describes the case of a patient suffering from diphtheritic nephritis, in whom salicylate of sodium caused rigor, fever, a temperature of 103°, frequent pulse, severe headache, drowsiness, dry brown tongue, nausea and vomiting, an erythematous rash on the face, chest, and arms, and increase of splenic dulness. I find that salicine does not reduce a natural temperature. Riets states that salicylates reduce the normal temperature 1° Fah., but I have not found this to be the case.

Salicine, salicylic acid, and salicylates, however, whilst influencing the normal temperature but little or not at all, powerfully depress a febrile temperature, and have been abundantly used for this purpose. With the fall of temperature profuse perspiration occurs. Salicylate of soda is now almost exclusively used, for it is more soluble than salicylic acid and cheaper than salicine.

Though I have, on very many occasions, given salicine to fever patients in doses sufficient to produce deafness, headache, and muscular tremor, I have never seen it induce the quick and great reduction of temperature which follows the use of salicylic acid.

Salicylate of soda is not much used now as an antipyretic in acute specific or inflammatory fevers, for though no doubt it will hold down the temperature, it generally does more harm than good by the depression and discomfort it produces, and whilst in sufficient doses capable of holding down the fever temperature, it does not shorten the course of the disease.

These substances, however, are most valuable in acute rheumatic fever. Dr. Maclagan, in this country, and Dr. Senator, of Berlin, first employed them in this disease. Ten to fifteen grains of salicylate of soda hourly is generally sufficient to relieve pain in a few hours, and to remove all fever in three or four days. Now, indeed, we never see cases of rheumatic fever running a protracted course of one or two months.

It is a good plan to give the medicine hourly till slight toxic effects,

as deafness and buzzing, are induced, and then to administer it every two or three hours. The effect is not prompt nor marked unless some slight toxic symptom is present.

It is claimed for these remedies that they lessen heart complications in rheumatic fever. No exact observations have been made on this question; but, as Dr. Maclagan observes, it is obvious that a remedy which greatly shortens the duration of the disease must lessen the risk of complications. It does not, however, afford perfect protection to the heart, as several cases of pericarditis are recorded where this complication set in after the patient was well under the drug's influence. This, indeed, we should expect, as the pericarditis is similar to the inflammation of the joints, and whilst this lasts, risk of heart complication must be encountered.

I may draw attention to a fallacy to which, I think, most of the reporters regarding these substances have not paid sufficient heed; nearly all state that in twenty-four to forty-eight hours these agents exert a marked influence on the temperature and pain. In all the recorded cases I have met with the patients were treated in hospital, and on admission were at once put under salicylic treatment. Now, it is well known that the movement of the joints during the journey to hospital considerably increases both pain and fever, and that during the first two days in hospital the pain greatly diminishes, and the temperature falls one or two degrees. When the patients have been at once put under salicylic acid treatment this improvement in the pain and fever, due to rest, has been credited to the drug.

Acute rheumatism, subdued by the salicine treatment, is very liable to relapse, and the drug, reduced in quantity, should be continued ten days or a fortnight after the temperature has become normal.

Dr. Sharkey and Dr. Ord, and my experience confirms them, find salicylates of little use in hyperpyrexia, for this may occur whilst the patient is under the influence of the drug. Moreover, even when given in full doses, at the very onset of the pyrexia, it fails to control it.

A solution of salicylate of soda applied to inflamed joints in rheumatism gives much relief.

Salicylate of soda is very useful in some forms of chronic rheumatism. I have not been able to satisfy myself that it is of use in rheumatoid arthritis. It is certainly useless in gonorrhœal rheumatism. If the pain of chronic rheumatism is worse at night, then a dose of thirty grains should be given at bedtime. Its action is much helped by adding a full dose, as half a drachm to a drachm, of citrate of soda.

It is useless in gout.

Salicylate of soda, in my experience, succeeds better in sciatica than any other remedy. Sometimes its effects are very prompt, at

other times it must be continued for a month or three weeks. It is very useful in lumbago.

Salicylate of soda is recommended in various forms of neuralgia, but, with the exception of sciatica, it is certainly inferior to other remedies.

It is extremely useful in migraine. Fifteen to twenty grains will generally, in a short time, remove headache, sickness, and the dull stupid feeling so often present during these attacks.

Several observers have employed salicylic acid in ague with contradictory results. Several obtained no benefit, whilst others found that it cured a minority of the cases, being most serviceable in recent cases. It seems useful occasionally as an adjuvant to quinia, Sarzance having obtained good results from a combination of these remedies.

Ebstein and Julius Müller report two cases of diabetes mellitus cured by salicylate of soda. They do not vaunt this remedy as a specific, but the two interesting cases they cite, after a prolonged trial of various drugs, notably of carbolic acid, got well under the salicylate of soda.

Da Costa employs salicylic acid in five-grain doses to correct the foul breath and offensive expectoration sometimes occurring in phthisis. Berthold, of Dresden, narrates a case which yielded promptly to salicylic acid, after the failure of turpentine inhalations, and large doses of quinia.

Berthold has likewise employed salicylic acid topically in "catarrhal stomatitis," and in thrush. He calls attention to the anæsthetic virtue of the acid in stomatitis, in calming the gnawing, burning pain of the erosions after the rupture of the vesicles. The solution he uses is, one part of acid dissolved in sufficient alcohol to 250 parts of water.

Salicylic acid has been used with good results as an injection (1 to 300) in the dysenteric diarrhœa of children.

Dr. Hunt first recommended salicylate of soda in quinsy. It is extremely successful, shortening the disease, and almost always preventing suppuration. It is probably the best remedy for quinsy, excelling even aconite or guaiacum. It should be given in small doses, as three grains hourly.

I have used the following ointment in pruritus ani and vulvæ with considerable success, though in some cases it caused a good deal of smarting:—Acid salicy. ʒij; ol. theobrom. ʒv; cetac., ʒiij; ol. nucis, ʒiss.

Salicylic acid is much used as a local application for corns and warts. The following is Mr. Gezou's formula:—Salicylic acid, 30 parts; Ext. Cannab. Ind., 5 parts; Collodion, 240 parts. It is applied with a camel's hair brush. It is said that the corn comes off in four or five hours, but no doubt it is simply the collodion film which peels off.

Salicylates sometimes produce rashes, as urticaria or erythema.

Salicine and salicylic acid may be readily detected in the urine, sweat, saliva, and sputa, by the purple colour produced on the addition of a drop of the solution of perchloride of iron. It appears in the urine in four or five hours, and seems to undergo speedy elimination, though a trace may remain after four days' discontinuance of the medicine.

It is stated that these substances appear in the urine in the form of salicyluric acid. Dr. Sharkey detects salicylic acid in the urine, in the serum from a blister, in the expectoration, but, strange to say, not in the sweat of patients taking salicylates.

Dr. Pye Smith points out that the urine of patients whilst taking salicylic acid gives the reaction of sugar with Trommer's test.

A little syrup of orange peel or of ginger covers the mawkish taste of salicylate of soda. Twenty drops of hydrobromic acid with each dose prevents the buzzing of the ears, produced by salicylates. Bromides act equally well.

SALOL.

Salicylic of phenic ether is decomposed in the intestine by the action of the pancreatic ferment into salicylic acid and phenol. It contains about two-thirds of salicylic acid. It is insoluble in water, and has a slight aromatic taste.

It acts just like salicylic acid, and most observers ascribe its action to the salicylic acid it contains, though some maintain that it is more efficacious than salicylic acid as an antiseptic and antipyretic.

As a dusting powder, diluted with an equal part of talc or starch, it is useful in erysipelas. The same powder sniffed up the nose removes the fetor of ozæna. Like salicylic acid, it has been employed as an antipyretic in phthisis, typhoid fever, &c., and some writers highly praise its action. In my hands, like all other anti-pyretics yet introduced, salol has done more harm than good, and I gather that this is the growing opinion of others, as it is now not much used simply as an antipyretic.

It is highly useful in acute, subacute, and chronic rheumatism. Some think it more efficacious than salicylic acid. To me it has appeared to be valuable, simply from its component salicylic acid. It has to some people a less disagreeable taste than salicylate of soda, and when this salt disagrees, salol will often be tolerated. It produces the same toxic symptoms as salicylate of soda, and in fact affects the patient in all respects like this drug. It is useful also in neuralgia and lumbago, and probably in sciatica.

It passes off by the urine as urate of salicyl; but some would seem to escape unchanged. At least, the urine and the breath strongly smells like the powder. Its carbolic acid causes carboluria. It prevents decomposition of urine, and is said to prevent decomposition of the urine in the bladder in cystitis, and to keep it acid.

The dose is ten to fifteen grains hourly. It may be taken in wafer-paper, or suspended in water. Patients, I find, take it easily in aerated waters. I conclude that it acts simply as salicylic acid, and therefore, all the good and evil partakes of salicylate of soda, with the one advantage in taste, and in the fact that it is sometimes tolerated by the stomach when salicylate of soda induces nausea and sickness.

I may here state that, not uncommonly, when sickness is induced by large doses of sodium salicylate, given every three hours, an equivalent quantity given in hourly doses, is well tolerated.

ANTIPYRINE.

For some years past therapeutists have striven to discover a drug capable of reducing febrile temperature without causing any untoward symptoms. Quinine, salicylate of soda, resorcine, kairine, thallin, etc., have been employed for this purpose, but they have been almost discontinued on account of their disagreeable and depressing effects.

Filehne recently introduced a new substance, antipyrine, a synthetically-prepared alkaloid derived from chinotine, and speaks most highly of its usefulness.

It acts promptly as an antipyretic, effecting a fall of several degrees in two or three hours, which often endures more than twenty-four hours, to be followed by a very gradual rise, being in this respect superior to kairine.

The fall in the pulse is not always equal to the reduction of the temperature. With fall of the temperature the symptoms improve, the tongue grows clean, delirium disappears, and restlessness ceases. It interferes neither with the appetite nor the digestion. It produces generally copious perspiration, at other times slight perspiration and increased secretion by the kidneys. In rare instances it excites vomiting. It sometimes produces an erythematous rash, somewhat like measles, leaving a brown stain, most marked on the trunk, the face and upper part of the neck remaining always free. This rash disappears in spite of the continued administration of the drug.

Sometimes the rash is like urticaria, sometimes it is hæmorrhagic. It may be followed by desquamation (Sara Welt).

Since it may cause some cardiac depression, it should be given guardedly to prostrate patients.

It is said to reduce the normal temperature one or two degrees, though it has no effect on the normal daily cycle of temperature.

It has been given in typhoid fever, pneumonia, erysipelas, rheumatic fever and phthisis.

It may reduce the temperature below normal, even to 93° Fah., without producing any collapse, and it has succeeded where cold bath, quinine, and salicylate of soda have failed.

There is no proof at present that it shortens the disease; it appears to be only a sure and safe reducer of febrile temperature.

Most observers recommend three hourly doses each of thirty grains, and then to intermit the drug till the temperature again rises. Or, smaller doses, as fifteen grains, may be taken several times a day.

At first the accounts of its effects were very enthusiastic, but it is much seldomer prescribed than awhile ago, and after many trials, I must confess I find that, like other antipyretics, it causes so much distress and depression that in many cases it does more harm than good, though I think it is less depressing than other antipyretics.

In doses adequate to lower temperature efficiently it often induces vomiting. The reduced temperature, as it rises again, when the medicine is eliminated, often produces chilliness, or even violent rigors. However, some doctors still praise it highly. A single thirty grain dose given at intervals of twelve or twenty-four hours appears to depress less than smaller doses more frequently repeated. It is better to give at first a fifteen or twenty grain dose to test the patient's susceptibility to the drug.

It is maintained that antipyrine is as useful as salicylate of soda in acute rheumatism. This I am sure is an error, and that in this disease antipyrine cannot compare with salicylate of soda. Antipyrine will lower the temperature like other antipyretics, but on discontinuing the drug the fever and pain return.

Sée draws attention to its great usefulness in many painful affections, as migraine, neuralgia, sciatica, lumbago, muscular rheumatism, pains of locomotor ataxy and angina pectoris. It should be given in fifteen grain doses three to six times a day, or half that dose twice as often. If given in doses larger than fifteen grains, it may cause methæmoglobinuria. It is highly useful in migraine; sometimes it succeeds in twenty grain doses, other patients require thirty grains, and in some cases a twenty grain dose must be repeated in an hour or two hours.

Sée administers it often hypodermically to relieve pain in neuralgia, acute and chronic rheumatism, acute gout, biliary colic, renal colic,

angina. It is also useful in a paroxysm of asthma, promoting expectoration. It is soluble in an equal quantity of water. Five to fourteen grains may be administered, and if the injection causes much pain, a little hydrochlorate of cocaine should be added.

It is recommended to relieve dysmenorrhœa and pains after delivery; also the pains of parturition, lessening the suffering without diminishing the force of the uterine contractions.

The following is a *résumé* of an able article by Dr. Beyer published in the American *Journal of American Sciences*, 1886. Kairin, Thallin, and Hydrochinon added to blood-changes its colour, making it darker than natural; Thallin to dark brown chocolate, Hydrochinon to cherry red, Resorcin makes the colour brighter red. These substances produce the same change when injected subcutaneously. Antipyrine leaves the colour of the blood unchanged. Kairin, Hydrochinon, and Antipyrine hasten coagulation. Kairin, Thallin, and perhaps Hydrochinon, are destructive to the hæmoglobin. All these substances arrest amœboid movements. Kairin dilates the capillaries and veins much in excess of the arteries; it greatly weakens the heart, acting directly on the muscle. It reduces temperature by increasing loss through radiation and by diminishing heat production through its action on the corpuscles. Thallin is strikingly like Kairin, but Thallin has a much less injurious effect upon the ventricle. Thallin, like Kairin, reduces temperature by lessening heat production and increasing loss through radiation.

Resorcin dilates capillaries and veins, and so reduces temperature by increasing radiation. Like Kairin and Thallin, it has a chief affinity for the venous side of the heart. It paralyzes the auricles in doses that on the contrary rather stimulate the ventricles. Cappola concludes that antipyrine lowers body temperature by increasing radiation and not by lessening production of heat or depressing the heart, for it increases the strength of the heart's contractions and does not lower blood-pressure. The vascular dilatation does not depend on depression of the vaso-motor centre but is peripheral, as it occurs in tissues separated from the central nervous system. Beyer concludes that it cools by increasing loss of heat, by dilating the cutaneous vessels. It is tonic to the heart and slightly heightens blood-pressure. It has no injurious effect on the blood. As regards their action on the heart these various substances act as follows: Kairin and Thallin paralyze the ventricles; Hydrochinon and Resorcin weaken the ventricles less, but all greatly weaken the auricles and lower the tone of the vessels, and hence depress by the blood accumulating in the veins. The animal bleeds into its own veins. Antipyrine on the other hand strengthens both ventricles and auricles.

PHENACETIN.

An acetyl compound of phenetidin, allied to anti-febrin, is the last antipyretic. It is but little soluble in water or glycerine: It has been highly praised. My experience regarding it is at present very limited, and, I am sorry to say, is not favourable.

It is given in eight to twelve grain doses every four or six hours.

QUASSIA.

Quassia is poisonous to some of the lower creatures, as flies and other insects.

It is a bitter tonic. It has been used in intermittent fever.

Infusion of quassia is a very useful injection in ascarides; it is also efficacious when administered by the mouth.

CHAMOMILE.

These flowers contain both a volatile oil and a bitter substance, and thus, to some extent, combine the properties of bitters with those of ethereal oils.

In a case of accidental poisoning by chamomile the symptoms were diarrhœa of white putty-like stools, coated tongue, intense headache, with a sensation of pressure within the cranium.

Chamomile is not often used as a tonic. An infusion is sometimes employed to assist the action of emetics.

In the ordinary summer diarrhœa of children, often occurring during teething, characterized by green, many-coloured, and slimy stools, the infusion in doses of half a drachm or a drachm often proves very useful, especially when given at the commencement. This medicine is likewise efficient in other kinds of summer diarrhœa. It also subdues restlessness and peevishness. A mixture is easily prepared by steeping four to six heads of chamomile flowers in a teacupful of boiling water for an hour, and then giving a teaspoonful hourly.

It has been used in intermittent fever, in neuralgia of the fifth nerve, and is a popular remedy for "sick headache."

PAREIRA BRAVA

Contains an alkaloid, buxine, said to be identical with berberine. It is chiefly employed in chronic catarrh of the bladder, and is in many cases a most valuable remedy, checking bleeding, and more gradually muco-purulent discharge. It often promptly arrests bleeding from the bladder, though, strange to say, it has no control over bleeding from other organs. It is also a bitter tonic, and often increases the appetite. It must be given in considerable doses, as a drachm and a half to two drachms or more of the liquid extract three or four times a day.

I have treated patients who took this remedy with intermissions for several years, in whom its suspension was immediately followed by a return of bleeding and considerable increase of muco-pus in the urine.

ELATERIUM.

This drug has a very bitter taste, and excites free secretion of saliva.

It is a powerful drastic hydragogue cathartic. Its activity is due to elaterin, a chemically indifferent substance like the resins, and incapable of forming salts with either acids or bases. It often produces colic, and not unfrequently vomiting.

In large doses it may excite inflammation of the stomach and intestines, and even of the peritoneum. It is given as a purgative, especially in dropsies. By carrying off a large quantity of water the dropsy sometimes reduces; it is thus used both in ascites and in the dropsy from kidney or heart disease. It must be borne in mind that free purging is very exhausting, and that elaterium very often disorders the stomach and spoils the appetite. It is a medicine to be given with caution.

Dr. Hyde Salter strongly recommends purgatives in dropsy depending on aortic, obstructive, or regurgitant disease. He says, that although we cannot alter the heart, we can lessen the quantity of blood it has to propel, and thus diminish the congestion on which the dropsy depends. He employs elaterium, and advises a small dose at first, say one-sixth of a grain, to be given alternate mornings at about 5 A.M., so that the purgation usually ceases by ten or eleven. This treatment, he says, quiets the heart, relieves the dyspnœa, lessens the pulmonary congestion, and thus diminishes the hydrothorax.

COLOCYNTH.

This drug has an intensely bitter taste, and occasions an abundant secretion of saliva.

It produces diarrhœa, colic, and sometimes vomiting. The diarrhœa is watery, and, after large doses, serous, mucous, and bloody. In large doses it may excite gastro-enteritis and peritonitis.

It is chiefly used as a purgative, but almost always in combination with other substances. In obstinate constipation it is a good plan to give a few drops of the Prussian tincture several times a day. Röhrig, from his experiments with fasting animals, is led to place colocynth high among cholagogues. It makes the bile more watery, but also increases the solid constituents. It powerfully stimulates the intestinal glands.

It has been used as a drastic cathartic in dropsies, and, like most other powerful purgatives, it has been used for worms, although it has no direct poisonous influence on them, but merely expels them mechanically. Purgatives, therefore, are not good anthelmintics.

ALOES.

Aloes has been used as a slight stimulant to wounds, and when thus employed it often purges. "Dr. Gerhard, of Philadelphia, found it the medicine best adapted for endermic uses, as its application does not irritate a blistered surface very powerfully. Ten grains of aloes thus employed produced five or six stools, which were generally accompanied by griping. Infants are purged by the milk of nurses who have taken aloes."—Stillé.

Aloes is reputed to be a tonic, and to increase the secretion of bile.

Dr. Rutherford confirms Röhrig's statement, that when introduced into the duodenum of a fasting dog, aloes greatly increases all the biliary constituents, though it purges but slightly.

It is chiefly employed as a purgative. It acts mainly on the large intestine and rectum. Its action is slow, and six, twelve, or even twenty-four hours may elapse before it operates. It produces bulky motions, a little softened, but not watery. It evidently acts but little on the mucous membrane of the intestines, and is merely a fæcal evacuant. It often occasions slight griping, and sometimes tenesmus.

As its action is tardy, it is injudicious to combine it with more speedy purgatives. It is well suited for cases of chronic constipation; for its activity is not lessened by habitual use, and it is even said that the dose may be gradually decreased. Sulphate of iron is said to heighten its action.

When both a tonic and a purgative are required, aloes, like senna, may be usefully mixed with some bitter, as gentian. Purgatives, it is said, act in smaller quantities when combined with tonics.

Aloes, in a variety of combinations, is in common use as a laxative in habitual dyspepsia, with constipation. The compound decoction of aloes, formerly called baume de vie, is a serviceable after-dinner laxative. The basis of many dinner pills is one grain of watery extract of aloes. A dinner pill containing one grain of watery extract of aloes, combined either with extract of nux vomica, extract of gentian, or extract of cinchona, is very useful.*

In habitual constipation aloes is the best and most commonly employed purgative. Dr. Spender, of Bath, extols the following pill, taken at first three times, then twice, and afterwards once a day—one grain of watery extract of aloes, and two grains of sulphate of iron. This pill takes some days to act. Aloes has been accused of producing piles, and in full or over-doses will, no doubt, aggravate this disease; but most authorities are inclined to attribute piles to the constipation aloes is employed to remove, and not to the aloes itself. Indeed, I am convinced that in many cases moderate doses of aloes, just sufficient to gently relieve the bowels, are highly useful in piles.

Aloin, injected hypodermically, purges in a few hours. It should be dissolved in twenty-five parts of water.

By its action on the rectum aloes affects sympathetically the neighbouring pelvic organs, as the uterus; and given at, and just before, the menstrual period, is useful in many cases of amenorrhœa and deficient menstruation. We cannot here refrain from citing the admirable remarks of Dr. Graves on amenorrhœa and its treatment. "The periodicity of this function," he says, "can still be traced, even in cases where suppression has continued for a great length of time, by means of the menstrual molimina (pains in the loins, thighs, and hypogastric region, flushings, colicky pains of the abdomen, general feeling of *malaise*), which occur at stated intervals. In endeavouring to bring on the discharge, therefore, we must be guided as to the time the attempt should be made, by an observance of the period at which these molimina occur. For a few days before that time our efforts to produce a determination of blood to the uterus may be judiciously employed, and if they fail the attempt should be abandoned until a few days before the next menstrual period. Of course

* Guaiacum is useful in obstinate habitual constipation; and guaiacum mixture will often relieve the bowels when powerful purgatives fail.

I here speak of the general constitutional treatment, for this must be constantly persevered in, one of the chief means of bringing back this evacuation being the restoration of health to the natural standard. In some this is to be effected by a tonic, and in others by an opposite mode of treatment.

".....What I wish to impress on your minds is, that all those remedies, as pediluvia, stuping of the genitals, leeches to the inside of the thighs near the labia, aloes, and other stimulating purgatives, etc., should be only used at the times already spoken of. To use them at any other period, either after the molimina have disappeared or during the intervals between them, tends in most cases still further to derange nature, by determining to the uterus at an unseasonable time, when there is no natural tendency to that organ. Under such circumstances the very same means will frequently fail, and prove injurious, which, applied so as to coincide with the time of the natural effort, would have been successful. To illustrate these principles by an example:—We are consulted in the case of a young woman affected with various hysterical symptoms for several months, and during that period more than usually subject to headache, languor, loss of spirits, diminution of appetite and irregularity, and usually constipation of bowels; she is pale, and complains of various pains and uneasy sensations, and has not menstruated since the accession of these symptoms. Here it is evident that the constitutional treatment must be strengthening and tonic. The practitioner will therefore recommend regular hours, much passive exercise in the open air, a nutritious diet, and afterwards cold shower-baths; he will regulate the bowels, and afterwards prescribe a course of tonic medicines, chalybeates, preparations of bark, strychnia, etc.; he will likewise inquire carefully when the last period happened, and when and how often since that occurrence menstrual molimina were observed. He thus ascertains when they should again recur, and contents himself with enforcing the constitutional treatment until about six days before the calculated time. Then he lays aside the other medicines, and has recourse to those means which determine to the uterus. Two leeches are applied to the inside of the thigh, near the labium, every second night, until they have been three times applied. The bleeding is encouraged by stuping. On the intermediate days the bowels must be actively moved by aloetic pills, and for three nights before and after the molimina, hot pediluvia, rendered stimulating by mustard seed, may be used. During the same time also friction, with stimulating liniments, should be applied to the feet and legs every morning, and oil of turpentine, or tincture of cantharides may be exhibited internally, while the necessity of more active exercise is inculcated. If these means fail, they must for a moment be laid aside, and the constitutional treatment must be again resumed until the same number of days before the next period, when the list of

remedies above spoken of must be again tried, and in few cases indeed shall we find them to fail."—Graves' *Clinical Lectures.*

SQUILL

Contains a glucoside, scillitoxin.

Squill has a bitter taste. In full doses it acts powerfully on the stomach and intestines, exciting great nausea and vomiting, with frequent watery and even bloody diarrhœa. Similar symptoms are likewise produced when the drug is injected into the cellular tissue, or peritoneal cavity.

Squill acts like digitalis.

Squill is never used as an emetic or purgative, but almost exclusively as an expectorant in bronchitis, and is often given in heart cases in conjunction with digitalis, especially when, in addition to cardiac disease, there is bronchitis with much mucous secretion.

It is a diuretic in heart disease. It is recommended in all forms of dropsy.

JALAP. SCAMMONY.

Buchheim asserts that these two substances are rendered purgative only by combining with the bile; unmixed with this secretion they are inert. They are easily soluble in the bile, and probably undergo decomposition, but the products are unknown. Taurin and glycoll exert no influence on their efficacy, but it is otherwise with taurocholate and glyco-cholate of soda; hence Buchheim concludes that the activity of these drugs is determined by the soda of the bile. They excite diarrhœa of watery motions, with some colic and occasional vomiting, and their use is often followed by much constipation.

These medicines are used as purgatives in obstinate constipation, and jalap, in combination with other substances, is employed in dropsies. Scammony is frequently used with much advantage to destroy the small thread-worms infesting the rectum.

Röhrig and Rutherford conclude from their experiments on fasting dogs that jalap is a powerful cholagogue; it increases the watery and solid constituents of the bile, and powerfully stimulates the intestinal glands.

Dr. Rutherford finds that scammony given to fasting dogs is a feeble cholagogue, even when it purges.

In engorgement of the right side of the heart from emphysema and bronchitis, mitral obstructive or regurgitant disease, bleeding has recently been employed with great success. Now, for some years I have employed purgatives in these cases with considerable benefit, to produce three or four watery motions, and I venture to say that this treatment, first employed by Dr. Graves, saves and prolongs many lives.

Like bleeding, free purging unloads the distended, and therefore weakened right heart, and it moreover produces a very favourable change in the character of the expectoration, rendering its expulsion easier. The following case, one among many similarly benefited by free purging, will illustrate the advantage of this plan.

A woman about forty years of age, suffering from emphysema, was seized with severe bronchitis. She had been dangerously ill about a fortnight: her skin was of a deep leaden tint; her eyes were prominent, congested, and suffused; her jugular veins were greatly distended; the surface of her body was covered with a cold clammy perspiration, profuse on her face; her extremities were deadly cold; her temperature varied between 97° and 98° Fah. She suffered from slight delirium both night and day. Her breathing was hurried, and her chest expanded only slightly; expectoration was abundant, viscid, airless, and purulent; pulse large, but very compressible, varied from 96 to 100 beats in the minute. The respiratory sounds were obscured by an abundance of mucous rhonchus, and physical examination showed that the right side of her heart was greatly distended. Her urine contained a trace of albumen; her legs were not œdematous. So dangerously ill was she that death appeared imminent. After free purgation with jalap and bitartrate of potash, in a few hours the jugular veins became much less distended, and next day they were of natural size; while the deep leaden tint of her skin had given place to a diffused bright red colour, often witnessed in cases treated in this way; this colour being probably due to the capillaries—previously distended by the obstructed circulation, till, being weakened, they lose their power to contract—becoming filled with arterial instead of venous blood. This bright red colour was most marked over the face and hands; her skin became warm, though she continued to perspire freely, and her hands easily grew cold on exposure. She expressed herself much relieved. In twenty-four hours the expectoration became slightly aërated, this change being much more marked on the following day, when the expectoration was observed to be less purulent, and to contain much mucus. On the third day the expectoration was frothy, and consisted chiefly of mucus; coincidently with this improvement in the sputa, her chest expanded more perfectly, and the rhonchus diminished. From this time she steadily improved, and was discharged cured.

The engorgement of the right heart, with general venous congestion is no doubt apt to return, when it becomes again necessary to purge; indeed, several purgings may be required. It will rarely happen, I believe, that the venous congestion cannot be removed temporarily by this treatment.

The change in the expectoration sometimes takes place more slowly than in the foregoing case, a week elapsing before it becomes frothy, and composed of mucus. Any tendency of the expectoration to assume its old characters may be prevented by a repetition of the aperient.

Sometimes these patients complain of very severe dull headache, or of dull oppressive pain at the epigastrium: bleeding or purging relieve both symptoms, bleeding giving instant ease.

In persistent tricuspid regurgitation from permanent distension of the right side of the heart, induced by repeated attacks of bronchitis, purgatives will probably be of no use except when an attack of bronchitis, adding to the obstruction of the pulmonary circulation, increases the dilatation.

RHUBARB.

Rhubarb is a purgative, and is likewise a tonic. After purging it constipates, on which account it is often used in the early stages of diarrhœa, to get rid of any irritating intestinal matters, and, after their expulsion, to check the diarrhœa. It is a very useful purgative for children, especially when mixed with two or three times its weight of bicarbonate of soda.

Röhrig finds that rhubarb, given to fasting dogs, greatly increases all the constituents of the bile, though the rhubarb either failed to purge, or purged very slightly; and Rutherford verifies this observation.

Dr. Stillé, on the authority of Dr. S. Jackson (U.S.), whose testimony he endorses, speaks of rhubarb as a remedy of surprising efficacy in piles, when laxatives are needed. He directs a piece weighing about ten grains to be chewed, or rather slowly dissolved in the mouth nightly, or less frequently according to the degree of constipation, estimating that rhubarb taken in this fashion is five-fold more efficacious than the powder. He also recommends it in the costiveness and hæmorrhoidal swellings incident to pregnancy. (Stillé's *Therapeutics.*)

Rhubarb generally colours the urine reddish yellow, which, on the addition of ammonia and other alkalies, changes into a purple red. It colours also the sweat, the serum of the blood, and the milk; and it makes the milk bitter and purgative.

It may be usefully blended with some tonic.

SENNA.

Senna is an active purgative, promoting both secretion and peristaltic action. It often produces nausea and griping. It may be usefully combined with a bitter tonic, as in the mistura gentianæ compositæ of former pharmacopœias. This mixture is very useful in dyspepsia with constipation, and contains an ounce of compound infusion of gentian to half an ounce of compound infusion of senna.

Senna renders a mother's milk purgative, and may produce colic in the child.

Röhrig and Rutherford find that in fasting dogs senna slightly increases the secretion of the bile.

CASCARA SAGRADA.

One of the buckthorn family, derived from Rhamnus Purshiana. Like the other buckthorns, it is purgative, but less drastic than rhamnus catharticus, and more active than rhamnus frangula. It acts promptly and without griping, and is now largely used with great advantage as a laxative, especially in habitual constipation. It is said to cure functional habitual constipation. I have not yet met a case of habitual constipation cured solely by the use of this drug.

It may be given as the liquid extract in ten to fifteen-minim doses twice or thrice a day, or in the form of extract in doses of two to four grains in a pill at bedtime.

EUONYMUS

Is used in the form of extract in about two-grain doses, as purgative and stimulant to the liver, and is said to increase the secretion of bile. Large doses cause much intestinal irritation. A short time ago it was employed much more than at present, in place of mercury preparations or podophyllin.

Though much less used now, it is no doubt a useful drug, but I think it inferior in most cases to its rivals, mercurial preparations or podophyllin.

SENEGA.

SENEGA promotes the secretion of the bronchial mucous membrane, and probably that of the other mucous membranes. It produces a burning, itching sensation in the mouth and throat.

It is used in chronic bronchitis, especially in the case of aged people, in whom this disease is usually complicated with emphysema. Some give it in croup and whooping-cough. It is also reputed to be diuretic, and is used when the deficiency of urine is due to kidney disease. "Infusion of senega (four to six drachms infused in six to twelve ounces of water, and taken during the day) produced no effect on the urine in Böker's experiments, conducted on himself and on a pregnant woman." (Parkes *On Urine.*)

ANTHELMINTICS—

FILIX MAS.	ARECA NUT.
KOUSSO.	BARK OF THE POMEGRANATE ROOT.
KAMELA.	
SANTONIN.	POWDERED TIN.
TURPENTINE.	MUCUNA, ETC.

THE intestines are infested by worms of various kinds. The common kinds are the flat worms (Tænia solium and Bothriocephalus latus), round worms (Ascaria lumbricoides), and thread-worms (Ascaria vermicularis).

Worms may be treated in three ways. Drugs, as powdered tin, and mucuna, may be employed to kill the worm by their mechanical action, or powerful purgatives may be used simply to expel the worm, as jalap, scammony, etc.; or true vermicides, having very little effect on the tissues of the human body, to poison and kill the worm. With the exception of powdered tin and mucuna, all the medicines comprised in the foregoing group are vermicides. It must, however, be borne in mind that all are not equally efficacious against every kind of worm, for some are poisonous to one kind, and harmless to another. Success, in fact, depends not only on giving the fitting drug, but giving it in the right way. These medicines should reach the worms in as concentrated a state as possible; but if the stomach and intes-

tines are filled with food, the poison being thus diluted, may fail to destroy the worms. It is proper, therefore, to give overnight a purgative, and to direct the patient to take a very light tea and no supper, and on the following morning, after the purgative action, to give the anthelmintic.

Filix Mas is employed for tape-worm. Kuchenmeister asserts that it is more poisonous to the bothriocephalus than to the tænia. The patient should eat a very light tea, no supper, and just before bedtime swallow a dose of castor-oil, a purgative to be preferred to others on account of its speedy action. On the following morning, about six or seven o'clock, when the oil will generally have acted, give the liquid extract of male fern in a dose varying from ten drops to a drachm, according to age. The patient is then to abstain from food till the bowels have been freely relieved, when in most cases the worm will be expelled. Some recommend a brisk purge to follow the anthelmintic, but this is seldom necessary, as the foregoing simple plan rarely fails to dislodge the worm. Too large a dose of the male fern may cause nausea, sickness, and even colic, effects seldom witnessed with a moderate dose. The liquid extract of male fern is slightly purgative, and for this reason it is not always necessary to administer a purgative after it. The worm should be carefully examined in order to ascertain if the head has been expelled; in that case there is no fear of the re-growth of the worm. It has, however, been ascertained, that if only the head and a small piece of the neck are left the worm will die, so that if the head cannot be discovered, it must not be concluded that the patient is not permanently freed of the worm. If any piece is found which tapers to a fine point, even if the head is not attached, it may reasonably be hoped that the worm is destroyed. A good plan to obtain for examination all the expelled worm is to shake up the motions, already watery and loose from the purgative, with some water, and to filter the whole through a piece of coarse muslin, by which means the head, even if separated from the trunk, may be detected and examined.

Male fern is generally considered the fittest treatment for the flat worm.

Kousso is used for tape-worms of all kinds, and appears to be very successful, although not much employed in this country. In Abyssinia, where tape-worm is extremely common, kousso has been in use upwards of two centuries. The dose is half an ounce of the flowers suspended in water, and taken after a short fast, as in the previous case. Kuchenmeister asserts that kousso expels the worm slowly, and in pieces, and that it rarely expels the head. It may cause slight nausea and even vomiting. Its action on the bowels being very slight, it is customary to follow this by a mild purgative.

The bark of the root of punica granatum is the part used. It is

employed chiefly in India for tape-worm. Neligan directs the maceration of two ounces of bruised bark, of fresh root if possible, for twenty-four hours in two pints of water, to be then boiled down to half, strained, and divided into three doses, one to be taken at half-hour intervals. Vomiting often occurs, which, however, should not prevent the giving of the three doses. This treatment should be occasionally repeated daily for four or five days. Most practitioners find the dried root inert.

Landriew and Baumetz find the alkaloid of pomegranate, pelletierine, useful for tape-worm. Fifteen to twenty grains of the tannate, followed in a few hours by castor-oil, sometimes succeeds when other remedies have failed. Feraud completely cured 76 per cent. of his cases with this alkaloid.

Santonin, the active principle of worm seed, is very efficacious for round and thread-worms, but it is inoperative against tape-worms. In the treatment both of round and thread-worms, two to four grains, according to age, are to be mixed with a drachm or more of castor-oil, and taken early in the morning before breakfast, repeating the dose two or three mornings successively. Such treatment seldom fails to bring away any round or thread-worms. Santonin has been used, mixed with castor-oil, as an injection into the rectum for thread-worms, and Kuchenmeister found that santonin in castor-oil, mixed with albumen, killed ascarides in ten minutes, while without the oil the santonin had no effect. He, therefore, recommends it to be given in two to five-grain doses in an ounce of castor-oil. This quantity is of course intended for adults. Santonin may be conveniently given in syrup, lozenge, or ginger-bread. In an obstinate case some advise the administration of one or two grains twice or three times a day; but repeated so often this medicine is very apt to occasion sickness and vomiting, with great difficulty in holding the water, so that children, if overdosed with it are apt to wet the bed at night, are constrained to pass water very frequently, and are even unable to hold it night or day. Santonin colours the urine orange, which changes to a brilliant scarlet on the addition of solution of ammonia. It is curious that this remedy will sometimes stay the nocturnal incontinence of children; and when the incontinence is not dependent on the presence of worms, santonin succeeds occasionally where other remedies, including even belladonna, fail. It may produce headache, and sometimes affects smell and taste, and sometimes it makes objects appear of a green or yellow colour. Rose finds that santonin always produces hyperæmia of the retina, and he with Dr. Ogston believes the colour is owing to its influence either on the retina or brain, for it does not colour the structures of the eye. Drs. Ogston and Brown assert that santonin produced cataract in the eyes of young kittens, but they were unable to induce this condition in adult cats. These gentlemen

recommend santonin in certain eye diseases, as inflammatory and atrophic alterations in the retina and optic nerve producing deficient sight.

Raimondi and Bertini record a case where an ounce of santonin induced vomiting, giddiness, prostration, shivering, lividity, difficult breathing, followed by repeated epileptiform convulsions. The patient recovered.

Mr. Whitehead, of Manchester, finds santonin useful in amenorrhœa. He gives a ten-grain dose on two successive nights with almost uniform success, especially when the amenorrhœa is combined with chloro-anæmia.

Dr. Armand Routh tried santonin in twenty cases of amenorrhœa, giving ten grains on two successive nights. In seventeen it failed. He thinks it useless in amenorrhœa with chlorosis. When it succeeds it starts the discharge without pain.

Santonin may be conveniently given in form of suppository for thread-worms.

KAMELA is much used in India for tape-worm. It may be given in doses from 60 to 120 grains, in honey, syrup, or glycerine. It purges briskly.

ARECA NUT is much used by veterinarians to expel tape-worms from dogs, and may be employed for the same purpose in the human subject; it sometimes succeeds when other remedies fail. Half or a whole nut is to be powdered, then mixed with some syrup, and swallowed.

Neligan commends TURPENTINE for its poisonous effectiveness over both tape and round worm, but it is more deadly to the tape-worm. It is also efficacious used as an injection for thread-worms. Kuchenmeister shows that it destroys tape-worm in an hour.

Of all medicines to be swallowed, santonin is, as we have said, most effectual against thread-worms, which infest only the rectum. Scammony, too, is effectual against thread-worms. A variety of substances administered by injection will speedily destroy thread-worms. Thus, a teaspoonful of common salt in solution, infusion of quassia, or a drachm of sesquichloride of iron in a pint of water are very efficacious; so is lime-water, solution of alum, and, in fact, any substance which will coagulate the albumen of the worms.

In the treatment of worms it must always be remembered that the mucous membrane is generally in an unhealthy state, secreting much tenacious mucus, which forms a favouring nidus for the development of worms; for worms will rarely develop in a healthy state of the digestive canal. The foregoing modes of treatment are therefore only temporarily remedial, and after the expulsion of the worms, the morbid condition of the intestinal mucous membrane must be treated. This condition of the intestines generally occurs in unhealthy anæmic

children. Cod-liver oil and iron preparations soon restore the gastro-intestinal canal to a healthy condition.

Oils, as is well known, are reputed to be vermicides.

If the foregoing remedies fail, other medicines must be employed to remove the catarrhal state of the mucous membrane, as common salt, chloride of ammonium, and salts of antimony. Cold-sponging, out-door exercise, with a judicious diet, aid the improvement of the general health.

DIETARY FOR INVALIDS.

1. *Barley Soup.*

One pound of shin of beef, four ounces of pearl barley, one potato, salt and pepper to taste, one quart and a half of water.

Put all the ingredients into a pan, and simmer gently for four hours. Strain, return the barley, and heat up as much as required.

2. *Bread Soup.*

One pound of bread, two ounces of butter, one quart of stock.

Boil the bread with the butter in stock. Beat the whole with a spoon or fork, and keep it boiling till the bread and stock are thoroughly mixed. Strain, season, and serve.

3. *Tapioca Soup.*

Two ounces and a half of tapioca, one quart of stock.

Put the tapioca into cold stock, and bring it gradually to the boiling point. Simmer gently till tender, and serve.

4. *Sardinian Soup.*

Two eggs, a quarter of a pint of cream, one ounce of fresh butter, salt and pepper to taste, a little flour to thicken.

Beat the eggs, put them into a stewpan, and add the cream, butter, and seasoning, stir in as much flour as will bring it to the consistency of dough, make it into balls the size and shape of a nut, fry in butter, and put them into a basin of any sort of soup or broth, to which they make a very nice addition.

5. *Restorative Beef Essence*, 1.

Take one pound of fresh beef, free from fat, chop it up fine, and pour over it eight ounces of soft water, add five or six drops of hydrochloric acid, and fifty or sixty grains of common salt, stir it well, and leave it for three hours in a cool place. Then pass the fluid through a hair sieve, pressing the meat slightly, and adding gradually towards the end of the straining about two more ounces of water. The liquid thus obtained is of a red colour, possessing the taste of soup. It should be

taken cold, a teacupful at a time. If preferred warm, it must not be put on the fire, but heated in a covered vessel placed in hot water.

Should it be undesirable for the patient to take the acid, this soup may be made by merely soaking the minced beef in distilled water.

6. *Another Beef Essence*, 2.

Take one pound of gravy beef, free from fat and skin, chop it up very fine, add a little salt, and put it into an earthen jar with a lid, fasten up the edges with a thick paste, such as is used for roasting venison in, and place the jar in the oven for three or four hours. Strain through a coarse sieve, and give the patient two or three teaspoonfuls at a time.

7. *Beef Essence*, 3.

Cut up in small pieces one pound of lean beef from the sirloin or rump, and place it in a covered saucepan, with half a pint of cold water, by the side of the fire for four or five hours, then allow it to simmer gently for two hours. Skim it well, and serve.

8. *Beef Tea.*

Two pounds of beef without fat or bone, half a breakfast-cup of cold water, place it in a jar in a saucepan of water. Simmer four hours.

9. *Mutton Jelly.*

Six shanks of mutton, three pints of water, pepper and salt to taste, half a pound of lean beef, a crust of bread toasted brown.

Soak the shanks in water several hours, and scrub them well. Put the shanks, the beef and other ingredients into a saucepan with the water, and let them simmer very gently for five hours. Strain it, and when cold take off the fat. Warm up as much as is wanted at a time.

10. *Beef Tea with Oatmeal.*

Mix two tablespoonfuls of oatmeal very smooth with two spoonfuls of cold water, then add a pint of strong boiling beef tea. Boil together for five or six minutes, stirring it well all the time. Strain it through a sieve and serve.

11. *Baked Soup.*

One pound of lean beef, one ounce of rice, pepper and salt to taste, one pint and a half of water.

Cut up the meat into slices, add the rice and seasoning, place all in a jar with the water, cover it closely, and bake for four hours. Pearl barley may be substituted for rice if preferred.

12. *Mutton Broth.*

Two or three pounds of neck of mutton, two pints of water, pepper and salt, half a pound of potatoes or some pearl barley.

Put the mutton into a stewpan, pour the water over it, pepper and salt. When it boils skim carefully, cover the pan, and let it simmer gently for an hour. Strain it, let it get cold, and then remove all the fat. When required for use add some pearl barley or potatoes in the following manner :—Boil the potatoes, mash them very smoothly so that no lumps remain ; put the potatoes into a pan, and gradually add the mutton broth, stirring it till it is well mixed and smooth. Let it simmer for five minutes, and serve with fried bread.

13. *Soup.*

Take three or four pared potatoes, a thick slice of bread, half a teacupful of pearl barley or rice, a little salt and pepper, two quarts of beef tea or mutton broth. Heat the beef tea or broth in a pan, and when quite boiling add the rest of the ingredients, except the pepper and salt, which should be added when nearly done ; cover the pan, and let it boil slowly for an hour. Serve with toasted bread.

14. *Rabbit Soup.*

Soak a rabbit in warm water, and when quite clean cut it in pieces, and put it into a stewpan with a teacupful of veal stock or broth, simmer slowly till done through, then add a quart of water and boil for an hour. Then take out the rabbit, pick the meat from the bones, covering it up to keep it white ; put the bones back into the liquor, and simmer for two hours ; skim, strain, and let it cool. Pound up the meat in a mortar with the yolks of two hard-boiled eggs and the crumb of a French roll, previously soaked in milk ; rub it through a tammy, and gradually add the strained liquor, and simmer it for fifteen minutes. If liked *thick* mix some arrowroot with half a pint of new milk, bring it to the boil, mix with the soup, and serve. If preferred thin have ready some pearl barley and vermicelli boiled in milk, and add to the soup instead of the arrowroot. Serve with little squares of toast or fried bread.

15. *Calf's Foot Broth.*

One calf's foot, three pints of water, one small lump of sugar, the yolk of one egg.

Stew the foot in water *very gently*, till the liquor is reduced to half, remove the scum, set it in a basin till quite cold, then take off every particle of fat. Warm up about half a pint, adding the sugar, taking it off the fire for a minute or two ; then add the beaten yolk of the egg. Keep stirring it over the fire till the mixture thickens, *but do not let it boil*, or it will be spoiled.

16. *Veal Soup.*

A knuckle of veal, two cow-heels, twelve peppercorns, a glass of sherry, and three pints of water.

Stew all the ingredients in an earthen jar for six hours. Do not open it till cold. When wanted for use, skim off the fat and strain it. Heat as much as you require for use.

17. *Good Stock for Soup.*

One pound of shin of beef, one pound of knuckle of veal, four white peppercorns, a lump of sugar, one quart of water.

Simmer gently for six hours, skim well, and strain.

18. *Nourishing Soup.*

Stew two ounces of the best well-washed pearl sago in a pint of water till it is quite tender and very thick, then mix it with half a pint of good boiling cream and the yolks of two fresh eggs. Blend the whole carefully with one quart of essence of beef, made according to number 3. The beef essence must be heated separately, and mixed while both mixtures are hot. A little of this may be warmed up at a time.

19. *Sago Soup.*

An ounce and a half of sago, one pint of stock.

Wash the sago, put one pint of stock on the fire, and bring it to the boil ; add the sago, and simmer till it is entirely dissolved. When cold it will form a jelly.

20. *Rice Soup.*

Three ounces of Patna rice, the yolks of two eggs, half a pint of cream or new milk, one quart of stock.

Boil the rice in the stock, and rub half of it through a tammy, put the stock in a stewpan, add the rest of the rice whole, and simmer gently for five minutes. Have ready the cream or milk boiled. Beat the yolk of the eggs, and mix them gradually with the cream. Take the soup off the fire, add the cream and eggs, stirring them well together as you mix them. Heat it up gradually, but *do not let it boil*, or the eggs will curdle and the soup be spoilt.

21. *Semolina Soup.*

Drop an ounce of semolina into one pint of boiling stock, and stir constantly to prevent burning. Simmer gently for half an hour, season with salt to taste.

22. *Raw Meat Diet.*

Two ounces of rumpsteak, taking away all fat, cut into small squares, without entirely separating the meat, place in a mortar and pound for five or ten minutes, then add three or four table-spoonfuls of water, and pound again for a short time, afterwards taking away all sinew or fibre of the meat, leaving only the creamy substance ; add salt to taste. Before using, place the cup or jar containing the pounded meat in hot water until just warm.

Or, scrape the beefsteak with a sharp knife, and after removing all the fat and tendon, if not already in a complete pulp, pound it in a mortar. This may be taken

in the form of sandwich between thin bread and butter, or mixed with water to the consistence of cream.

This diet is excellent for children with diarrhœa, also for adults who suffer from irritable bowels or chronic diarrhœa.

Or, scrape and pound the meat with cold water to consistency of thin cream and then allow to stand, and pour off the supernatant fluid, leaving the sediment behind.

Raw meat may be made more palatable by pouring over it a little warm gravy—not too warm.

In cases of wasting, anæmia, and prostration, it is said fresh blood of animals—as fowls—mixed with warm wine, or milk punch, warm lemonade, milk or coffee, and taken immediately, or before coagulation, is very useful.

It relieves prostration, as in flooding, restores warmth and circulation, acts better and more promptly than transfusion from vein to vein. The blood of two or three chickens should be taken in the twenty-four hours.

Take half a pound of lean rump steak, scrape with a knife until all the pulp is removed from it, then add to it as much sugar as will be needed to sweeten it to taste, break the lumps of sugar with the meat in a basin, with a small wooden spoon Add gradually as much milk as will make it the thickness of arrowroot, flavour with brandy. Strain through a gravy strainer if there is any fibre of the meat in it, as the mixture should be perfectly smooth.

23. *Beef Tea and Cream Enema.*

Mix four or five ounces of strong beef tea, one ounce of cream, and half an ounce of brandy, or one ounce of port wine.

24. *Oysters.*

Take half a dozen native oysters, and put them into a saucepan (after they have been well washed in cold water). Put in a lump of butter the size of a walnut a little salt and pepper, put the saucepan on the fire for ten minutes, *not more* taking it off now and then and stirring it. Then add a few drops of lemon-juice or vinegar.

25. *Lobster.*

Take a small claw of a lobster or crab, and put on it a little salt, a quarter of a teaspoonful of salad oil, and a drop or two of vinegar. This is digestible even for delicate stomachs.

26. *Stewed Eels.*

One eel, half a pint of strong stock, two table-spoonfuls of cream, half a glass of port wine, thickening of flour, a little cayenne.

Wash and skin the eel, cut it in pieces about two inches long; pepper and salt them, lay them in a stewpan, pour the stock over, and add the wine. Stew gently for twenty-five minutes or half an hour, lift the pieces carefully on to a very hot

dish, and place it by the fire, strain the gravy, stir into the cream sufficient flour to thicken it, mix with the gravy, boil for two minutes and add a little cayenne. Pour over the eels, and serve. Sometimes the addition of a little lemon-juice is agreeable.

27. *Stewed Oysters.*

Half a pint of oysters, half an ounce of butter, flour, one-third of a pint of cream, cayenne and salt to taste.

Scald the oysters in their own liquor, take them out, beard them, and strain the liquor. Put the butter into a stewpan, dredge in sufficient flour to dry it up, add the oyster liquor, and stir it over a sharp fire with a wooden spoon. When it boils add the cream, oysters and seasoning, and simmer for one or two minutes, but *not longer*, or the oysters will harden, serve on a hot dish with croutons or toasted sippets of bread. A quarter of a pint of oysters, the other ingredients being in proportion, make a dish large enough for one person.

28. *Macaroni.*

Two ounces of macaroni, a quarter of a pint of milk, a quarter of a pint of good beef gravy, the yolk of one egg, two table-spoonfuls of cream, half an ounce of butter. Wash the macaroni, and boil it in the gravy and milk till *quite* tender. Drain it, put the macaroni into a very hot dish, and place it by the fire. Beat the yolk of the egg with the cream and two table-spoonfuls of the liquor the macaroni was boiled in. Make this sufficiently hot to thicken, *but do not allow it to boil*, or it will be spoiled; pour it over the macaroni, and strew over the whole a little finely-grated Parmesan cheese; or the macaroni may be served as an accompaniment to minced beef without the cheese; or it may be taken alone, with some good gravy in a tureen served with it.

29. *Minced Fowl and Egg.*

Cold roast fowl, a hard-boiled egg, salt, pepper or cayenne to taste; three table-spoonfuls of new milk or cream, half an ounce of butter, one table-spoonful of flour, a teaspoonful of lemon-juice.

Mince the fowl, and remove all skin and bones; put the bones, skin, and trimmings into a stewpan with one small onion if agreeable, and nearly half a pint of water; let this stew for an hour, then strain the liquor, chop the egg small, mix with the fowl, and add salt and pepper, put in the gravy and other ingredients, let the whole just boil, and serve with sippets of toasted bread.

30. *Fowl and Rice.*

A quarter of a pound of rice, one pint of stock or broth, one ounce and a half of butter, minced fowl, egg, and bread crumbs.

Put the rice into the cold stock or broth, let it boil very gently for half an hour, then add the butter, and simmer it till quite dry and soft. When cold make it into balls, hollow out the inside and fill them with mince made according to the foregoing receipt, but a little stiffer; cover with rice, dip the balls into egg, sprinkle with bread crumbs, and fry a nice brown; a little cream stirred into the rice before it cools improves it very much.

31. *Chicken and Rice.*

Cut up the meat of boiled chicken, have ready some rice well cooked and seasoned with salt, put round a small flat dish, or vegetable dish, warm up the chicken in a little good gravy, and serve in the middle of the dish with the rice round it.

32. *Panada.*

Take the crumb of a penny roll and soak it in milk for half an hour, then squeeze the milk from it ; have ready an equal quantity of chicken or veal, *scraped* very fine with a knife ; pound the bread crumbs and meat together in a mortar. It may be cooked either mixed with veal or chicken broth, or poached like an egg, by taking it up in two spoons in pieces the shape of an egg, after seasoning it, and served on mashed potato.

33. *Macaroni boiled in Milk.*

One ounce of macaroni, three-quarters of a pint of new milk, a little lemon-rind, a little white sugar.

Put the milk into a saucepan with the lemon-rind, bring it to boiling point, and drop in the macaroni. Let it swell gradually over the fire till *quite* tender, but do not allow the pipes to break.

34. *Rice Milk.*

Three table-spoonfuls of rice, one quart of milk.

Wash the rice, put it into a saucepan with the milk, and simmer gently till the rice is tender, stirring it now and then to prevent the milk burning. Sweeten a little, and serve with a cut lemon, black currant jam, or apples stewed.

35. *Rice Cream*, 1.

To a pint of new milk add a quarter of a pound of ground rice, a lump of butter the size of a walnut, a little lemon-peel, and a table-spoonful of powdered sugar. Boil them together for five minutes, then add half an ounce of isinglass which has been dissolved, and let the mixture cool. When cool add half a pint of good cream, whisked to a froth, mix all together, and set it for a time in a very cool place, or on ice. When used, turn it out of the basin into a dish, and pour fruit juice round it, or some stewed apple or pear may be served with it.

36. *Rice Cream*, 2.

A quarter of a pound of whole rice, well stewed in milk, and put in a sieve to drain and cool. Mix with the rice a gill of good cream whisked to a froth, and add a wine-glass of sherry, a little powdered sugar, and a teaspoonful of lemon-juice.

37. *Light Pudding.*

Boil very smoothly in new milk one table-spoonful of ground rice, let it get *quite cold*, then add two eggs, very well beaten up, a lump of white sugar, and, if liked, a

dessert-spoonful of brandy. Line a small tart-dish (sufficient for one person) with paste, put in the pudding, and bake quickly. Serve the moment it is ready, for it falls directly.

38. *Rice and Apple.*

Boil about two table-spoonfuls of rice in a pint and a half of new milk and simmer, stirring it from time to time, till the rice is quite tender. Have ready some apples, peeled, cored, and stewed to pulp, and sweetened with a very little loaf sugar. Put the rice round a plate, and the apple in the middle, and serve.

39. *Baked Custard Pudding.*

Warm half a pint of milk, or a little more, whisk two eggs, yolks and whites, pour the milk to them, stirring all the while. Have ready a small tart-dish, lined at the edges with paste. Pour the custard into the dish, grate a little nutmeg over the top, and bake it in a very slow oven for half an hour.

40. *Boiled Custard Pudding.*

Prepare the custard as in the foregoing receipt. Butter a small basin that will exactly hold it, put in the custard, and tie a floured cloth over it ; plunge it into boiling water, float it about for a few minutes, boil it slowly for half an hour, turn it out and serve.

41. *Baked Bread Pudding.*

Half a pint of new milk, a quarter of a pound of bread crumbs, two eggs, one ounce of butter, sugar to taste.

Boil the milk and pour it over the bread crumbs, and let them soak for half an hour. Beat the eggs, mix them with the bread crumbs, and the sugar and butter, and stir well till thoroughly mixed. Butter a breakfast cup, or small pudding mould, fill it a little more than half full with the mixture, and bake in a moderate oven for about twenty minutes.

42. *Semolina Pudding.*

One ounce of semolina, half a pint of milk, one ounce of butter, two eggs, sugar to taste.

Heat the milk and mix it with the semolina, sugar and butter ; stir this over the fire for a few minutes, then take it off and mix with it the eggs, which should be well beaten. Butter a small tart-dish, line it with puff paste, put in the pudding, and bake in a slow oven.

43. *Rice Pudding.*

One ounce of whole rice, three-quarters of a pint of milk, half an ounce of butter, one egg, sugar to taste.

Let the rice swell in the milk over a slow fire, stir in the butter, and then let the mixture cool. Well beat the egg and mix with the rice, butter a breakfast cup or small mould, fill it three parts full, and bake. Turn it out and serve.

44. *Tapioca Pudding.*

One ounce of tapioca, one pint of milk, one ounce of butter, one egg, sugar to taste.

Wash the tapioca, and let it stew gently in the milk for a quarter of an hour, stirring it now and then. Let it cool, mix with it the butter, sugar and eggs, which must be well beaten. Put into a small tart-dish and bake in a moderate oven.

45. *Apple and Rice.*

Peel and halve three small apples, take out the cores, put the halves into a stewpan with about half an ounce of butter, and strew over them a little white sifted sugar. Stew them very gently till tender, taking care not to break them. Boil the rice with milk and a little sugar till quite soft, and, when done, dish it with the apples on the top of it, and a little cream served with it separately.

46. *Vermicelli Pudding.*

Two ounces of vermicelli, three-quarters of a pint of milk, quarter of a pint of cream, one ounce and a half of butter, two eggs, one ounce and a half of sugar.

Boil the vermicelli in the milk till it is tender, then stir in the remaining ingredients. Butter a small tart-dish, line with puff paste, put in the pudding and bake.

47. *Milk Blancmange.*

A quarter of a pound of loaf sugar, one quart of milk, one ounce of isinglass.

Put all the ingredients into a lined saucepan, and boil gently till the isinglass is dissolved. Keep stirring it over the fire for about ten minutes, strain it through a fine sieve into a jug, and when nearly cold pour it into an oiled mould. Turn it carefully out when required for use.

48. *Junket.*

To a pint of milk, heated till it is lukewarm, add a teaspoonful of concentrated essence of rennet, and a small teaspoonful of pounded white sugar. Pour it into a bowl or mould, cover with a napkin, put it aside to cool, when it is ready for use.

Concentrated essence of rennet can be bought at all grocers.

49. *Rice Blancmange.*

A quarter of a pound of ground rice, two ounces of loaf sugar, one ounce of butter, one quart of milk, flavouring of lemon-peel.

Mix the rice to a smooth batter with a little milk, and put the remainder into a saucepan with the butter, sugar, and lemon-peel. Bring the milk to boiling point, stir in the rice. Let it boil for ten minutes, or till it comes away from the saucepan. Grease a mould with salad oil, pour in the rice, let it get perfectly cold, and turn out.

50. *Arrowroot Blancmange.*

Two table-spoonfuls of arrowroot, three-quarters of a pint of milk, lemon and sugar to taste.

Mix the arrowroot with a little milk to a smooth batter, put the rest of the milk on the fire, and let it boil. Sweeten and flavour it, stirring all the time, till it thickens sufficiently to come from the saucepan. Put it into a mould till quite cold.

51. *Fruit Cream.*

Apples, gooseberries, rhubarb, or any fresh fruit.

To every pint of pulp add one pint of milk or cream, sugar to taste. Prepare the fruit as for stewing, put it into a jar with two table-spoonfuls of water, and a little good moist sugar. Set this jar in a saucepan of boiling water, and let it boil till the fruit is soft enough to mash. When cooked enough beat it to a pulp, work this pulp through a colander, and to every pint stir in a pint of milk or cream. Of course the cream is best, if obtainable. Sweeten and serve.

52. *Bread Jelly.*

Take the crumb of a loaf, break it up, pour boiling water over it, and leave it to soak for three hours. Then strain off the water and add fresh, place the mixture on the fire, and let it boil till it is perfectly smooth. Take it out, and after pressing out the water, flavour with anything agreeable. Put it into a mould, and turn it out when required for use.

53. *Milk Porridge.*

Put a quart of milk into an enamel-lined saucepan. When on the point of boiling scatter in by degrees half a pound of coarse oatmeal; stir until the mixture thickens. When thickened let it continue to boil about twenty minutes. The porridge can be made thick or thin according to taste. It can be eaten as it is, or with the addition of salt, sugar, treacle, &c.

54. *A Gruel.*

Beat up an egg to a froth, add a wine-glass of sherry, flavour with a lump of sugar, a strip of lemon-peel, and a little grated nutmeg. Have ready some gruel, very smooth and hot, stir in the wine and egg, and serve with sippets of crisp toast. Arrowroot may be made in the same way.

55. *Milk, Egg, and Brandy.*

Scald some new milk, *but do not let it boil.* It ought to be put into a jug, and the jug should stand in boiling water. When the surface looks filmy it is sufficiently done, and should be put away in a cool place in the same vessel. When quite cold beat up a fresh egg with a fork in a tumbler, with a lump of sugar. Beat quite to a froth, add a dessert-spoonful of brandy, and fill up the tumbler with scalded milk.

56. *Egg and Wine.*

One egg, half a glass of cold water, one glass of sherry, sugar, and a very little grated nutmeg.

Beat the egg to a froth with a table-spoonful of cold water. Make the wine and water hot, *but not boiling* ; pour it on the egg, stirring all the time. Add sufficient sugar to sweeten, and a very little nutmeg. Put all into a lined saucepan on a gentle fire, and stir it *one way* till it thickens, *but do not let it boil.* Serve in a glass with crisp biscuits, or sippets of toast.

57. *Milk, Rum, and Isinglass.*

Dissolve in a little hot water over the fire a pinch of the best isinglass ; let it cool, and mix a dessert-spoonful of rum with it in a tumbler, and fill up the glass with new milk.

58. *Sherry or Brandy and Milk.*

To one table-spoonful of brandy, or one wine-glassful of sherry, in a bowl or cup, add powdered sugar and a very little nutmeg to taste. Warm a breakfast-cupful of new milk, and pour it into a spouted jug ; pour the contents from a height over the wine, sugar, etc. *The milk must not boil.*

59. *Egg and Sherry.*

Beat up an egg with a fork till it froths, add a lump of sugar and two table-spoonfuls of water ; mix well, pour in a wine-glassful of sherry, and serve before it gets flat. Half the quantity of brandy may be used instead of sherry.

60. *Demulcent Drink.*

Take a pinch of isinglass, and boil it in half a pint of new milk, with half a dozen bruised sweet almonds and three lumps of sugar.

61. *Milk and Isinglass.*

Dissolve a little isinglass in water, mix it well with half a pint of milk, then boil, and serve with or without sugar as preferred.

62. *Milk and Cinnamon Drink.*

Boil in one pint of new milk sufficient cinnamon to flavour it pleasantly, and sweeten with white sugar. This may be taken cold with a teaspoonful of brandy, and is very good in cases of diarrhœa. Children may take it milk-warm without the brandy.

63. *Nutritious Coffee.*

Dissolve a little isinglass in water, then put half an ounce of freshly-ground coffee into a saucepan with one pint of new milk, which should be nearly boiling before the coffee is added, when boil together for three minutes ; clear it by pouring some of it into a cup and dashing it back again, add the isinglass, and leave the mixture to settle on the hob for a few minutes. Beat up an egg in a breakfast-cup, and pour the coffee upon it ; if preferred, drink it without the egg.

64. *Arrowroot Drink.*

Mix two teaspoonfuls of arrowroot in about three table-spoonfuls of cold water, then pour in half a pint of boiling water ; when well mixed, add by degrees half a pint of cold water, stirring all the time, so as to make it perfectly smooth ; it should be about the consistence of cream ; if too thick a little more water may be added. Then pour in two wine-glassfuls of sherry or one of brandy, add sugar to taste, and give it to the patient in a tumbler. A lump of ice may be added if allowed.

65. *Mulled Wine.*

Boil some spices, cloves, nutmeg, cinnamon, or mace, in a little water, just to flavour the wine ; then add a wine-glass of sherry, or any other wine, and some sugar, bring it to boiling point, and serve with sippets of toast. If claret is used, it will require more sugar. The vessel for boiling the wine should be scrupulously clean.

66. *To keep Milk from turning Sour.*

Fifteen grains of bicarbonate of soda to a quart of milk hinders it turning sour.

67. *Barley Water.*

To a table-spoonful of pearl barley washed in cold water, add two or three lumps of sugar, the rind of one lemon, and the juice of half a lemon. On these pour a quart of boiling water, and let the mixture stand for seven or eight hours. Strain it. The barley should never be used a second time. Half an ounce of isinglass may be boiled in the water.

68. *Lemonade*, 1.

Well rub two or three lumps of sugar on the rind of a lemon, squeeze out the juice, and add to it half a pint or a pint of cold or iced water, or, better still, a bottle of soda-water.

69. *Effervescing Lemonade*, 2.

Squeeze two large lemons, and add a pint of spring water to the juice, and three or four lumps of white sugar. When required for use pour half of it into a tumbler, and add half a small teaspoonful of carbonate of soda ; stir, and drink whilst effervescing.

70. *Lemonade*, 3.

The juice of four lemons, the rinds of two, half a pint of sherry, four eggs, six ounces of loaf sugar, one pint and a half of boiling water.

Pare the lemon rind thinly, put it into a jug with the sugar, and pour the boiling water on it. Let it cool, and then strain it and add the wine, lemon-juice, and eggs, previously well beaten and strained. Mix all well and it is ready for use.

71. *Lemonade*, 4.

Pare the rind of three lemons as thin as possible, add one quart of boiling water, and a quarter of an ounce of isinglass. Let them stand till next day covered, then squeeze the juice of eight lemons upon half a pound of lump sugar ; when the sugar is dissolved, pour the lemon and water upon it, mix all well, strain, and it is ready for use.

72. *Arrowroot and Black-Currant Drink.*

Take two large spoonfuls of black-currant preserve, boil it in a quart of water cover it, and stew gently for half an hour, then strain it, and set the liquor again on the fire ; then mix a teaspoonful of arrowroot in cold water, and pour the boiling liquor upon it, stirring meanwhile ; then let it get quite cold, and strain.

73. *White Wine Whey.*

To half a pint of boiling milk add one or two wine-glassfuls of sherry ; strain through a fine sieve, sweeten with sifted sugar, and serve.

74. *Caudle.*

Beat up an egg to a froth, add a wine-glassful of sherry and half a pint of gruel, flavour with lemon-peel and nutmeg, and sweeten to taste.

75. *Another Caudle.*

Mix well together one pint of cold gruel with a wine-glassful of good cream, add a wine-glassful of sherry, and a tablespoonful of noyau, and sweeten with sugar-candy.

76. *Egg and Brandy.*

Beat up three eggs to a froth in four ounces of cold spring water, add two or three lumps of sugar, and pour in four ounces of brandy, stirring all the time. A portion of this may be given at a time.

77. *Sour Milk Diet.*

The milk for this food must be good. It must be allowed to stand for forty-eight hours in a cool cellar ; the vessel in which it is kept being upright, as a gallon

measure. The milk becomes solid, and looks like poor blancmange. It carries a cream on the top, which most people remove, as it makes it too rich. To about a pint of this sour milk, or rather less, add half a pound of grated rye-bread, a good deal of powdered sugar, and a glass of sweet milk, well stirred together.—*Hints to the Sick.*

78. *Oatmeal Porridge. Whole-meal Bread.*

Oatmeal three or four ounces. Water one pint. Boil the water and add a little salt, about one-sixteenth of an ounce. Sprinkle in the meal very gradually and carefully, till of a sufficient consistency. Stir it well all the time with a porridge stick (which should be an inch broad at the bottom). Boil gently for fifteen or twenty minutes, add a little more boiling water, and boil it five minutes longer, which makes it smooth. Pour it on plates and serve. The usual way is to make a hole in the middle with a spoon, add a piece of butter the size of a nutmeg, and upon it a spoonful of coarse brown sugar, eat it from the circumference, and dip each spoonful into the butter and sugar.

Whole-meal bread is often useful in habitual constipation, especially of children.

79. *Burgout.*

A pint of water gradually added to eight ounces of oatmeal. The whole made quite smooth, and then boiled a quarter of an hour. Butter, salt, pepper to taste. Indian meal may be used instead of oatmeal if preferred.

80. *Port Wine Jelly.*

Put into a jar one pint of port wine, one ounce of gum arabic, one ounce of isinglass, two ounces of powdered white sugar-candy, a small piece of cinnamon. Let this stand closely covered all night. The next day put the jar into boiling water and let it simmer till all is dissolved, then strain it, let it stand till cold, and then cut it up into small pieces for use.

Time, 15 or 20 minutes.—One pint of port wine, one ounce of isinglass, one ounce of sugar, a quarter of a pint of water.

Put the isinglass and sugar into a quarter of a pint of water. Set it over the fire till the isinglass is dissolved, then add the wine. Strain it through a jelly bag or a clean piece of muslin into a jar or mould, and let it set. It is best to cover till cold.

81. *Egg, Rum, and Lemon.*

Six new-laid eggs (with shells), the juice of seven lemons ; macerate until the shells are dissolved. Then beat up together with a pint of the oldest Jamaica rum, strain through muslin, and add a quarter of a pound of sugar-candy. The eggs should all be laid the same day.—Give a teaspoonful at a time.

82. *Linseed Tea.*

Two table-spoonfuls of linseed, one pint of water, half a lemon, sugar to taste, a piece of liquorice the size of a nut. Boil an hour and a half.

83. *Butter Milk.*

Boil a spoonful of flour for a few minutes in a pint of butter-milk, and add half a drachm of sugar. This is good food for infants with irritable stomach and intestines.

Another diet for children with delicate stomachs who cannot be suckled is the following:—Boil a teaspoonful of oatmeal or barley in from three to six ounces of water for a quarter of an hour. Equal parts of this should be added to skimmed milk.

In the case of children suffering from diarrhœa, and who pass curdy stools, it is useful to cut off all forms of milk—even mother's milk. Some doctors advise giving cream with barley water, but in my experience this food generally disagrees. Indeed, I generally find it necessary in all forms of children's diarrhœa to forbid milk, and to give instead barley water and veal broth, or chicken broth, or, best of all, Nestle's food, which I find the best of all food for children with great delicacy of the stomach and intestines. Thin gruel is often well borne, and, like barley water, may be added to chicken broth or veal broth.

In cases of great prostration, as from flooding, Ponfick, and recently Kaczorowski, have injected, with much success, defibrinated blood into the peritoneal cavity instead of intravenous transfusion. They inject 250 to 500 centimetres.

INDEX TO THERAPEUTIC AGENTS.

	PAGE
Acetate of Aluminia	205
,, Potash	163
,, Soda	163
Acetic Acid	149
Acids	149
Acids and Alkalies, their action on secretions	148
Acid Benzoic	376
,, Boric	162
,, Carbolic	313
,, Chromic	161
,, Hydrocyanic	491
,, Nitric	149
,, Salicylic	546
,, Sulphuric	149
,, Sulphurous	159
Aconite	412
Actæa Racemosa	411
Acupuncture	96
Adonidin	438
Affusion	69
Alcohol	319
Alkalies	162
Alkali-Acid theory	148
Almond Oil	290
Aloes	557
Alum	206
Ammonia	179
,, Valerianate of	379
Ammoniacum	380
Ammonium, Carbonate of	179
,, Chloride	193
,, Iodide	130
,, Sulphide	113
Amyl, Nitrite of	356
Anæsthetics, Comparison of	339
Anise, Oil of	374
Anthelmintics	564
Antimony, Salts of	255
Antipyrine	552
Apomorphia	400
Areca Nut	564
Arsenic	261
Assafœtida	380
Atropia	465
Balsam of Peru	374
,, Tolu	374
Bath, Steam	76
Baths, Cold	47
,, Cold, in Fevers	56
Baths, Douches	66
,, Lamp	76
,, Mustard	383
,, Sea	47
,, Shower	66
,, Sponge	66
,, Turkish	72
,, Vapour	66
,, Warm and Hot	62
Belladonna	465
Benzoin	374
Bicarbonate of Potash	163
,, Soda	163
Bismuth	232
Bitartrate of Potash	195
Blisters	100
Boracic Acid	162
Borax	163
Bromide of Ammonium	138
Bromide of Sodium	138
Bromides	138
Brucia	510
Buchu	374
Caffeine	526
Cajeput Oil	374
Calabar Bean	445
Calcium, Sulphide of	113
Camphor	367
Canella Bark	374
Cannabis Indica	520
Cantharides	381
Capsicum	386
Caraway Fruit	374
Carbolic Acid	313
Carbon (Charcoal)	106
Carbonate of Ammonia	179
,, Bismuth	219
,, Lime	185
,, Magnesia	183
,, Potash	163
,, Soda	163
Carbonic Acid	108
Carlsbad Waters	198
Cascara Sazrada	563
Castor Oil	298
Castoreum	318
Caustic Lime	185
,, Potash	163
Chamomile	555

	PAGE
Charcoal	106
Chloral, Croton	352
,, Hydrate of	352
Chlorate of Potash	205
,, Soda	205
Chloride of Ammonium	193
,, Methyl	340
,, Potassium	193
,, Sodium	193
Chlorinated Lime	121
,, Soda	121
Chlorine Gas	121
,, Water	121
Chloroform	329
Chromic Acid	161
Cinchona	537
Cinchonia	537
Cinchonidinia	537
Cinnamon	374
Citrate of Potash	163
,, Soda	163
Citrine Ointment	234
Clover	520
Cloves	374
Cocaine	530
Cocoa-nut Oil	290
Cod-liver Oil	290
Codeia	509
Coffee	526
Colchicum	404
Cold	47
Cold Bath	47
Cold Baths in Fevers	56
Cold Sponging	44
Collodion	288
Colocynth	557
Conium	441
Convallaria Majalis	435
Copaibar	374
Copper	250
Coriander Fruit	374
Coto Bark	309
Counter-irritation	100
Creosote	309
Croton Chloral, Hydrate of	352
,, Oil	298
Cubebs	374
Curare	445
Cyanide of Potassium	491
Digitalis	421
Dill	374
Dill Fruit	374
Douche	66
Dried Alum	206
Drinks	88
Duboisia Myoporides	491
Dugong Ore	290
Elaterium	556
Elder	374
Enemata	91
Epsom Salts	201
Ergot	523
Ether	340
Ethidene	339
Ethyl-Atropium	486
,, Strychnia, &c.	510
Eucalyptus	378
Euonymus	563
Faradization	96
Fats	290
Fennel	374
Fevers, Influence of Cold Baths in	56
Filix Mas	564
Fomentations	77
Freezing by Ether	96, 340
,, Mixture	96
Friedrichshall Waters	197
Galbanum	380
Gallic Acid	298
Galvanism	85
Gelsemium	456
Glonoin (nitro-glycerine)	364
Glycerine	298
,, of Tannin	303
Grindelia Robusta	465
Guaiacum	411
Hamamelis Virginica	307
Hemp-seed Oil	290
Hot-Air Bath	66
Hot Bath	62
Hot Flat-Iron, Application of	96
Hot-Water Spinal Bag	87
Hydrate of Chloral	344
,, Croton Chloral	352
Hydrochloric Acid	149
Hydrocyanic Acid	491
Hyoscine	488
Hyoscyamus	487
Hypophosphite of Lime	193
,, Soda	193
Hyposulphites	159
Ice	83
Ice-Bag (Spinal)	85
Ice Poultice	85
Incisions (for dropsy)	98
Injections	91
Iodide of Potassium	130
,, Sodium	130
,, Ammonium	130
Iodine	123
Iodoform	341
Iodol	343
Ipecacuanha	387
Iron, Preparations of	210
Irritation	100
Jaborandi	452
Jalap	560
Juniper	374
Kamela	564
Kousso	564
Lactic Acid	152
Lard	290
Laudanum	493

	PAGE
Lavender	574
Lead Salts	220
Lemons, Oil of	374
Lime	185
,, Carbonate of	185
,, Hypophosphite of	193
,, Phosphate of	189
,, Water	185
Liniment of Lime	185
Linseed Oil	290
Lithium Bromide	138
Lobelia Inflata	518
Magnesia	183
,, Carbonate of	183
,, Sulphate of	195
Manganese, Salts of	217
Menthol	374
Mercury Salts	232
Methyl-Atropium	486
,, Chloride	340
,, Strychnia, &c.	513
Mezereon	374
Morphia	495
Mucuna	564
Muscarin	449
Musk	318
Mustard	383
Narcein	509
Narcotine	509
Nicotia	439
Nitrate of Bismuth	219
,, Potash	201
,, Silver	227
,, Soda	201
Nitric Acid	149
Nitrite of Amyl	356
,, Sodium	366
Nitro-glycerine	364
Nutmegs	374
Nutritive Enemata	95
Nux Vomica	510
Oils, Castor, Croton	290
Oils, Palm, Dugong, Cocoa-nut, Cod-liver, Almond, Poppy, Hemp-seed, Linseed	290
Oils, Volatile	374
Oil of Tar	309
Oil of Turpentine	370
Oleate of Mercury, &c.	235
Opium	493
Oxide of Silver	227
Packing, Cold Wet-Sheet	54
Palm Oil	290
Papaverine	509
Paper, Nitre	201
Paraldehyde	350
Pareira brava	556
Peppermint	374
Permanganate of Potash	218
Peru, Balsam of	374
Petroleum	309
Phenacetin	555
Phosphate of Lime	189
,, Soda	195
Phosphide of Zinc	287
Phosphoric Acid	149
Phosphorus	283
Physostigma	445
Picrotoxine	454
Pilocarpine (Jaborandi)	452
Podophyllum	406
Pomegranate	564
Potash	163
,, Acetate of	163
,, Bicarbonate of	163
,, Carbonate of	163
,, Chlorate of	204
,, Citrate of	163
,, Nitrate of	201
,, Permanganate of	218
,, Sulphate of	195
,, Tartrate of	195
Potassium, Bromide	138
,, Chloride	193
,, Cyanide	491
,, Iodide	130
,, Sulphide	113
Poultices	77
Pullna Water	197
Punica Granatum	564
Purgative Salts and Waters	195
Quassia	555
Quinia	537
,, Valerianate of	379
Quinidinia	537
Raspail's Lotion	180
Rhubarb	562
Rosemary	374
Rue	374
Sabadilla (Veratria)	401
Saccharated Solution of Lime	185
Salicine	546
Salicylates	546
Salicylic Acid	546
Salol	551
Salts, Potassium and Sodium	128
Sandalwood Oil	374
Santonin	564
Sassafras	374
Scammony	560
Sea-bath	47
Senega	564
Senna	563
Shower-bath	66
Silver Salts	227
Sitz-bath	54
Soap	163
Soda, Acetate of	163
,, Carbonate of	163
,, Caustic	163
,, Citrate of	163
,, Hypophosphite of	193
,, Nitrate of	201
,, Nitrite of	366
,, Phosphate of	195

	PAGE
Soda, Salicylate of	546
,, Solution of	163
,, Sulphate of	195
Sodium Chloride	193
,, Iodide	130
,, Sulphide	113
Sparteine	437
Spearmint	374
Spinal Hot-water Bag	87
,, Ice-Bag	85
Spirits of Ammonia	179
Sponge-bath	66
Squill	560
Steam-bath	66
Storax	374
Stramonium	490
Strophanthus	436
Strychnia	510
Suet	290
Sulphate of Magnesia	195
,, Potash	195
,, Soda	195
Sulphides	113
Sulphites	159
Sulphur	109
Sulphuric Acid	149
Sulphurous Acid	159
Tannin	303
Tar	309
Tartar Emetic	255
Tartrate of Potash	195
Tartrate of Potash and Soda	195
Tea	526
Thebaia	510
Thermic Hammer	96
Tin, Powdered	564
Tobacco	439
Tolu	374
Turkish Bath	72
Turpentine	370
Urethan	351
Valerian	379
Valerianates	379
Vapour Bath	66
Vaseline	309
Veratria	401
Veratrum	400
Volatile Oils	374
Warm Baths	62
Water	83
Wax	290
Wet-Sheet Packing	54
Zinc, Carbonate of	252
,, Chloride of	252
,, Oxide of	252
,, Phosphide of	287
,, Salts	252
,, Sulphate	252
,, Valerianate	379

INDEX TO DISEASES.

ABSCESS.

When large and deep-seated abscess is suspected the thermometer may assist in diagnosis. See p. 35, 36.

BELLADONNA, 470. Internally often successful.

CAUSTIC ALKALIES, 165. For opening abscesses, for precautions, see ref.

COUNTER-IRRITATION, 104. By blisters or iodine around or adjacent to the disease.

ETHER, 340. As spray to produce local anæsthesia for opening abscesses.

FOMENTATIONS, 180. With solution of 20 grs. carb. ammon. to one pint of boiling water for threatened mammary abscess.

IODINE, 125. Solution of tinct. injected into cavities of large abscesses after evacuation.

OLEATE OF MERCURY AND MORPHIA, 236. Locally, diminishes induration due to old abscesses and prevents formation of new ones.

PERMANGANATE OF POTASH, 126. A weak solution for washing out cavities of large abscesses after iodine injections.

PHOSPHATE OF LIME, 191. In large abscesses.

POULTICES, 77. To check formation of pus or to assist in maturation. May be smeared over with belladonna or opium.

SULPHIDES, 116, 117.

ACIDITY.

ACIDS, 149. Given shortly before a meal.

——— 153. Hydrochloric or nitric in small medicinal doses before meals for acidity from whatever cause it arises, especially for acid pyrosis; after meals for alkaline pyrosis.

ALKALIES, 169. Only pallative; bicarbonates best; if the escape of carbonic acid is troublesome, substitute magnesia if bowels confined, lime-water if relaxed.

BISMUTH, 219. The nitrate combined with morphia or opium, and sometimes with magnesia.

IPECACUHANA, 390. In acidity of pregnancy.

MAGNESIA, 183, 184. The oxide better than the carbonate—only a temporizing remedy—acids far better.

MERCURY, 243. Half a grain of grey powder three times a day when accompanied by clayey stools.

NUX VOMICA, 153. Two or three drops just before meals in acidity of pregnancy.

ACNE.

ARSENIC, 147. Liq. arsen. given with bromide prevents its causing bromic acne.

BELLADONNA, 470. Locally, of some slight service.

ACNE—*continued.*

BROMIDE OF POTASSIUM, 138.

HOT FOMENTATIONS, 77.

HOT SPONGING, 82. For acne indurata.

IODIDE OF SULPHUR, 120. An ointment in a. indurata and rosacea, also in bromic acne, 147.

MERCURY, 234. In early stages a lotion of corrosive sublimate, one part; alcohol, enough to dissolve it; water, 100 parts. A teaspoonful of this to be added to a quarter of a pint of water and the face sponged with it night and morning.

PHOSPHORUS, 287. In acne indurata.

SOAP, 165. With hot water several times a day. If this irritates, rub in glycerine of starch after each washing.

SULPHUR, 111. As lotion for young women with disordered menstruation. In severe forms an ointment of hypochlorite or iodide of sulphur.

——— 111. Sulphur may be used internally

AGUE.

ARSENIC, 281. The best remedy except quinine. Especially useful in long-standing agues of quartan type.

CHAMOMILE, 555. Has been used.

EMETICS, 258. Many cases may be cured by emetics and one each morning will assist the action of quinine. Ipecac. and other emetics should be preferred to antimony.

EUCALYPTUS, 378. Inferior to quinine.

HYPOSULPHITE OF SODA, 161. Fifteen to twenty grains every two hours.

NARCOTINE, 509. Said by some to be superior to quinine.

NITRITE OF SODIUM, 367. To avert cold stage.

NITRO-GLYCERINE, 366. To avert cold stage.

QUASSIA, 555. Has been used.

QUINIA, 540. By far the best remedy we possess for intermittent fevers.

In mild forms small doses several times a day.

In malignant forms large doses given in a non-febrile period, 542.

The drug should not be discontinued for some time after all symptoms have disappeared.

It is of service as a prophylactic against ague.

It may be administered hypodermically or by the rectum—ether is the best solvent for injection.

Cinchona, quinidinia and cinchonidinia, are all useful in ague, but less so than quinia, 543.

SALICYLIC ACID, 550. As an adjunct to quinia.

ALCOHOLISM. (*See Dipsomania.*)

ACTÆA, 411. In drunkard's stomach.
ARSENIC, 5. Indicated by red, clean, smooth, irritable tongue.
——— 270. For vomiting.
COCAINE, 536. Internally.
MORPHIA, 499. With tonics before meals for pain, nausea, and want of appetite.
PHOSPHORUS, 287. In chronic alcoholism.
STRYCHNIA, 516. Hypodermically in increasing doses has been highly recommended.

AMAUROSIS. (*See Eye Diseases.*)

AMENORRHŒA.

ACONITE, 421. When menses suddenly checked.
ACTÆA RACEMOSA, 412. Generally, and when menses checked.
ALOES, 595. At the periods, together with hot pediluvia, friction, stimulating liniments, &c. For general directions see ref.
CHLORIDE OF AMMONIUM, 194. For headache.
COLD SPONGING, 69.
ERGOT, 525. Where anæmia—after the use of iron.
HOT SITZ-BATH, 65. For six days before the period. Mustard may be added at the period. Often effectual in sudden suppression.
IRON, 214. To remedy the anæmia.
MUSTARD, 385. A mustard sitz-bath a few days before and during the time the missing discharge is due. A course of these baths assists the restoration of the uterine functions.
PERMANGANATE, 218. Useful when flux scanty or delayed, or even when absent for a long period. It may restore it after two years. Also when a chill prevents or delays flow. It acts with plethoric as well as with anæmic patients. 1 gr. in pill thrice daily till catamenia, then discontinue till four days before next period due and continue till flow ceases.
SANTONINE, 566. A 10 gr. dose on two successive nights, especially when chloro-anæmia.
SPINAL ICE-BAG, 88. Applied to lower dorsal and lumbar vertebræ.

ANÆMIA.

ACIDS, 156. Added to purgative salts as tonic to mucous memb.
COLD SPONGING, 69.
HYPOPHOSPHITES, 193. Of lime or soda.
IRON, 213. Some stomachs with irritable mucous memb. require bland preparations. A flabby tongue indicates large doses of astringent preparations, as perchloride or sulphate. See also p. 5. Weak anæmic girls with pain and vomiting after food require larger doses of the tinct. perchlor.; 213. It is sometimes well to humour the stomach by changing the preparation. Some persons are quite unable to take iron in any form; 215. Iron may be given in anæmia with disturbance of uterine functions, and should be conjoined with nourishing food, pure air, light, and if necessary, purgatives. If the anæmia is due to organic disease, iron at best only palliative.
PHOSPHATE OF LIME, 191. In anæmia of growing persons, and of women weakened by rapid child-bearing or exces ive menstruation.

ANÆMIA—*continued.*

QUINIA, 545. For badly fed, pale town-livers.

ANEURISM.

CHLOROFORM, 338. Inhalation, if great dyspnœa.
IODIDE OF POTASSIUM, 137. Combined with recumbent position and restricted diet.

ANGINA PECTORIS.

ARSENIC, 281. Lessens severity of attacks.
ETHER, 341. Or spirits of chloroform in full doses very useful.
MORPHIA, 495. Hypodermically.
NITRITE OF AMYL, 358. Inhalation most valuable.
NITRITE OF SODIUM, 367. 1 gr, several times a day.
NITRO-GLYCERINE, 365, 366. Often superior to amyl, being more persistent in its effects. 1-100th min. in water or in a tablet at stated intervals, and an additional dose on onset of paroxysm.
PHOSPHORUS, 287. Often serviceable.
SODIUM IODIDE, 137. Has been tried.

ANTHELMINTICS. (*See Worms.*)

ANUS, PAIN AFTER OPERATIONS AT.

ICE, 84. Applied in bladder.

ANTHRAX.

CARBOLIC ACID, 315. Topically.
SALICYLIC ACID. 546. Less efficacious than carbolic acid.

AORTIC DISEASE. (*See Heart Diseases.*)

APHTHÆ.

ALUM, 207. Applied dry a few times a day to aphthous ulcers which will not heal—generally, however, chlorate of potash and a purgative sufficient.
BORAX, 168. With honey or as glycerine of borax.
CHLORATE OF POTASH, 204.
GLYCERINE OF BORAX, 302.
NITRIC ACID, 151. In small doses.

APOPLEXY.

CROTON OIL, 300. As purgative one-fourth or one-third minim every hour.

APPETITE, LOSS OF. (*See Dyspepsia.*)

ASCITES.

COPAIBA, 376. In some forms of ascites.
ELATERIUM, 556. Must be given with caution.
CALOMEL, 250.

Asthma and Quasi-Asthma.

Aconite, 417. Given at commencement of the fever often averts the attack. Useful also in the asthma following coryza and sneezing in children.

Alum, 208. Ten grs. powdered and placed on the tongue said to arrest a paroxysm.

Antimony, 259. In an affection of children like asthma (see ref.); dissolve a grain of tartar-emetic in half a pint of water, and give a teaspoonful of this every quarter of an hour for the first hour, then hourly. If vomiting induced, lessen the dose.

Arsenic, 263, 264. As cigarettes, caution required (see ref.), also one drop of liq. arsen. three times a day in attacks of sneezing with coryza, frontal headache and itching of nostrils. These attacks may be brought on by cold, by meals, by local irritation, or in children are consequent on bronchitis. These cases are allied to dyspeptic and bronchitic asthma, and to hay fever (see ref., 265, 266).

Assafœtida, 380.

Belladonna, 477. Large doses required, but very satisfactory (see ref.).

Blisters, 102. For oppression of breathing especially in bronchitic asthma.

Cannabis indica, 522. Has been found useful.

Carbonic acid gas, 108. As inhalation.

Chamois leather waistcoat, 73.

Chloral, 348. Often useful in a full dose during a paroxysm.

Chlorate of potash, 201, 202. With nitre to saturate blotting paper, or a pastile may be made of chlorate and nitrate of potash with lycopodium.

Chloroform, 331. Often combined with opium.

————, 338. As inhalation if great dyspnœa. A few whiffs will sometimes avert a paroxysm. As liniment rubbed on chest for an hour daily in bronchitic asthma.

Coffee, 527. A small cup of very strong coffee often useful in a paroxysm.

Colchicum, 406. In gouty subjects.

Counter-irritation, 101.

Ether, 341.

Eucalyptus, 378. As cigarette.

Gelsemium, 465. Sometimes beneficial.

Grindelia robusta, 465. Three grs. of extract thrice daily to prevent attacks, or m. xx to m. xxx of liquid extract every half-hour or hourly from onset of paroxysm.

Iodide of methyl, 131.

Iodide of potassium, 131. Two per cent. solution as spray.

Iodide of potassium, 136. In peptic and bronchial asthma.

Ipecacuanha, 393, 394. The wine as spray to the fauces sometimes useful in severe bronchial asthma, but not of much service in genuine asthma—for Dr. Hyde Salter's observations on the general management of asthma, see p. 398.

Lobelia, 519. Ten drops of the simple tincture every ten minutes or quarter of an hour as soon as signs of a paroxysm appear till the dyspnœa gives way.

In bronchitic asthma where breathing a little tight all day but much worse at night, ten min. three times a day with additional doses at night.

This drug must be given cautiously when there is heart disease.

Nitrate of potash, 202. The inhalation of fumes of burnt nitre paper will sometimes avert a paroxysm. Different methods of preparation useful for different cases (see ref.).

Nitrite of amyl, 359. As inhalation.

Asthma and Quasi-Asthma — *continued.*

Nitrite of sodium, 367. In nervous and bronchial asthma and that of Bright's, but useless where emphysema.

Nitro-glycerine, 366. In the paroxysms.

Opium, 507. In some cases. In others morphia will induce a paroxysm.

Pilocarpine, 455. Hypodermically.

Silver, nitrate of, 230. Sometimes injected into trachea (see ref.).

Stramonium, 490. Twenty grs. of the dried leaves or ten of the powdered root may be smoked. Datura tatula sometimes better. Stramonium preparations often bad. Asthmatics advised to grow the drug themselves.

Sulphurous acid, 160. Inhalation, spray or fumigation.

Tobacco, 440. Smoking sometimes gives relief.

Turkish baths, 73. In bronchial asthma.

Baldness.

Pilocarpine, 455. Locally. With cantharides and soap liniment (see formula).

Barrenness.

Iodide of potassium, 136. When due to syphilis.

Bed-sores.

Alcohol, 319. As brandy or eau de Cologne to harden skin of parts exposed to pressure.

Catechu, 305. The tincture with liq. plumbi locally to prevent sores.

Charcoal, 81. Sprinkled over the black slough, which is then covered with a poultice.

Glycerine, 302. Or glycerine cream rubbed over part exposed to pressure after washing morning and evening, is one of the best preventives of bed-sores.

Iodoform, 341. Dusted over sores.

Silver, nitrate of, 228. A solution twenty grs. to the oz. to be painted on threatened but unbroken skin as soon as it becomes red to prevent formation of bed-sores.

If nitrous ether solution used, five grs. to the oz. enough, 229.

Bile, deficiency of.

Mercury, 243. Frequent small doses of grey powder.

Biliary Colic. (*See Colic.*)

Bilious headache. (*See Sick Headache.*)

Bites.

Ammonia, 180. Weak solutions in bites of insects to neutralize the formic acid.

Bladder, diseases of.

Copaiba, 376. Also cubebs and buchu in chronic inflammation of bladder and urethra.

Iodoform, 342. As suppository in painful diseases.

Sulphites, 161. Internally prevent putrefaction of urine.

Bleeding. (*See Hæmorrhage.*)

Boils.

Belladonna, 117. With glycerine locally to allay pain.
——— ——— 470. Internally often successful.
Camphorated alcohol, 368. Boils in the earliest stages to be smeared with this for half a minute, then, when the skin is dry, it is to be smeared with camphorated oil. A few applications said to disperse the coming boil.
Collodion, 288. Applied at papular or pustular stage. Matter not to be let out except under Lister's plan (see ref.).
Counter-irritation, 104. By blisters or iodine around the boil.
Menthol, 375. As 10–50 per cent. solution locally.
Opium, 497. An extract of the consistence of treacle locally applied three or four times a day (see ref.).
Poultices, 78. To assist maturation and allay pain, may be smeared over with belladonna or opium.
Silver, nitrate of, 220. In boils beginning as a papule which maturate into a pustule and inflame and extend till large dead core produced. To be painted on at commencement—collodion, perhaps, better for these.
Sulphides, 117. Hasten maturation and prevent formation of fresh boils. No use in the boils of diabetes.

Bones, diseases of.

Cod-liver oil, 295. In strumous disease.
Phosphate of lime, 191. In caries.

Brain, diseases of. (*See also Paralysis.*)

Bromide of potassium, 143. When overtaxed from study, or over-application to business.
Phosphorus, 287. In cerebral softening, also in over-taxation.

Breasts, inflammation of.

Belladonna, 466. Especially as liniment to check secretion of milk when inflammation imminent. When inflammation has set in, continuous application of belladonna for twenty-four hours often arrests it. It is also useful when an abscess has formed. Fomentations useful in addition, but skin must be dried well before the belladonna is rubbed in.
Digitalis, 432. Infusion locally.

Breath, foul.

Camphor, 367.

Bright's disease.

Aconite, 419. Should be given immediately on the appearance of inflammation of the kidneys in scarlatina.
Alkalies, 176. Citrates and acetates in acute and chronic Bright's, being reputed to act as diuretics.
Bitartrate of potash, 199. To prevent dangerous accumulations in cellular tissue or important cavities. Also to draw off effete matters. Care must be used, as it is a brisk purgative and so is weakening.

Bright's disease—*continued.*

Bromide of potassium, 141. For convulsions.
Cannabis indica, 522. In acute and chronic forms as a diuretic, said to be specially useful where bloody urine.
Cantharides, 381. After subsidence of acute stage, a one min. dose every three hours will stop the hæmaturia.
Cod-liver oil, 294. In chronic forms.
Copaiba, 377. Sometimes useful in removing dropsy.
Digitalis, 430. Very valuable in some cases; only diuretic as long as dropsy exists.
Elaterium, 556. For the dropsy—caution required.
Incisions, 63. For dropsy better than hot baths. Hot fomentations with boracic acid may be employed afterwards.
Iodide of potassium, 136. Possibly only when due to syphilis.
Iron, 5. Astringent preparations when tongue flabby and pale.
Jaborandi, 455. Especially on occurrence of uræmic symptoms. If uræmia urgent, pilocarpine may be injected hypodermically.
Lead, 226. Diminishes the albumen.
Senega, 564. As a diuretic.
Tannin, 307. In chronic Bright's to lessen albumen.
Tartrates, 200. Excellent diuretics.
Turkish bath, 72.
Warm baths, 63. When uræmic symptoms or dropsy well marked (see ref.). Discretion needful.

Bronchitis.

Aconite, 419. In measles.
Acids, 158. To lessen secretion in chronic form.
Actea, 411. As an expectorant.
Ammonia, 181. Inhalation in chronic bronchitis to lessen over-abundant expectoration.
Ammoniacum, 380. In bronchitis with wheezing and abundant discharge in old people.
Antimony, 20. Small frequent doses of tartar-emetic where skin dry and hot.
——— ——— 259. To shorten acute bronchitis (see Inflammation). Also in chronic bronchitis when expectoration copious and difficult to expel.
Arsenic, 276. Where emphysema, with wheezing and not much bronchitis, especially where the wheezing has come on simultaneously with the retrocession of a rash as of eczema: where *much* bronchitis and dyspnœa, belladonna and lobelia better.
Assafœtida, 380. For old people, but ammoniacum generally better.
Balsam of tolu or Peru, or copaiba, 376. In chronic bronchitis to lessen secretion.
Benzoic acid, 375. ℥j in boiling water as inhalation.
Carbolic acid, 310. Or creasote, twelve to twenty drops as inhalation with boiling water for abundant expectoration or fœtor.
Carbonate of ammonia, 182. When expectoration profuse and patient's strength diminishing, often given with chloride of ammonium, which acts similarly; also useful in severe bronchitis or broncho-pneumonia of children, especially when prostrate and livid.
Carbonic acid gas, 108. As inhalation in chronic bronchitis.
Chamois leather waistcoat, 73. Worn over flannel in bronchial asthma and emphysematous bronchitis.
Chloride of ammonium, 194. In chronic bronchitis when secretion thick and abundant. May be applied by atomizer.

BRONCHITIS—*continued.*

COD-LIVER OIL, 296. To control expectoration in chronic bronchitis.
COLCHICUM, 406. In gouty subjects.
CONIUM, 441. Inhalation in boiling water for irritable cough.
COUNTER-IRRITANTS, 102. For shortness of breath in bronchitic asthma and bronchitis with emphysema.
CROTON OIL, 298, 299. With or without liq. potassæ as counter-irritant to chest—caution needful.
ESSENTIAL OILS, 376. Balsam of Peru, tolu and copaiba in chronic bronchitis with copious secretion of pus.
EUCALYPTUS, 378. Often relieves cough of chronic bronchitis.
GUIACUM, 411. Has been employed.
IODINE, 123. The liniment to the chest to lessen cough and expectoration in chronic bronchial catarrh. As inhalation for children with hoarse, hollow cough after measles, &c. Inhalation sometimes employed in chronic bronchitis.
IPECACUANHA, 328, 329. To produce vomiting in children with much mucus in bronchial tubes.
——— 393, 394. As wine, when expectoration is profuse and difficult to expel. The wine used as spray to the pharynx invaluable in many cases of bronchial asthma and winter cough (see ref.).
IRON, 216. To check profuse bronchial secretion.
JALAP, 561. With bitartrate of potash to free purgation for cases where the right heart is engorged from emphysema, bronchitis, &c.
LEAD, 226. To check profuse bronchial secretion.
LOBELIA, 520. For paroxysmal dyspnœa.
MUSTARD, 384. As large poultice with linseed or oatmeal in acute bronchitis, or a tablespoonful added to a bath, very useful in severe bronchitis both of children and adults.
OPIATES, 498. Where frequent and violent cough without any signs of obstructed oxidation.
——— 507. To check excessive secretion.
PHOSPHATE OF LIME, 191.
POULTICES, 78. To encircle the whole chest in children.
QUINIA, 543. To reduce temperature.
SENEGA, 564. Especially for the chronic bronchitis of the aged.
SILVER, NITRATE OF, 230. Sometimes injected into trachea (see ref.).
SPINAL ICE-BAG, 86. For excessive secretion.
SQUILL, 560. As an expectorant.
SULPHUR, 113. Five to ten grs. in severe chronic bronchitis with abundant discharge, especially where constitutional debility.
SULPHUROUS ACID, 160. Inhalation, spray or fumigation in chronic bronchitis.
TAR, 311, 312. Two grs. in pill every three or four hours in chronic paroxysmal winter cough. Not quite equal to the ipecacuanha spray.
TURKISH BATH, 72.
TURPENTINE, 373. Small doses as a diuretic.
——— OR TEREBINE, 372. As inhalation.
ZINC, OXIDE OF, 255. For profuse bronchial secretion.
——— SULPHATE OF, 254. As emetic; others generally preferred.

BRONCHOCELE. (*See Goitre.*)

BRUISES.

CAPSICUM, 386. A strong tincture applied with gum said to act like a charm on discoloured bruises.
HAMAMELIS, 308. On lint or cotton wool.
SULPHUROUS ACID, 160. A solution constantly applied.

BUBO.

IODINE, 125. Applied to produce vesication round a bubo relieves the inflammation.
NITRIC ACID, 150. To indolent and broken bubo.
SULPHIDES, 117. Less useful in maturating than in the case of ordinary boils or abscesses.

BURNS.

BORACIC ACID, 162. As ointment.
CARBOLIC ACID, 314. A one per cent. solution on lint frequently renewed relieves pain.
COCAINE, 536. As lotion painted on scalds to relieve pain.
COLLODION, 288. Painted over slight burns subdues inflammation.
LIME, 185. As lime-water and oil.
PARAFFIN, 162.
SODA, 166. A saturated solution of the carbonate locally for burns and scalds.
WARM BATH, 64. Immerse for some days.

CALCULI.

ALKALIES, 176. To dissolve uric acid calculi (renal or vesical).
CITRATE OF POTASH, 176. In large doses for patients with bloody urine containing quantities of uric acid crystals.
COUNTER-IRRITANTS, 102. Relieve pain from passage of renal and biliary calculi.
NITRIC ACID, 158. Very dilute as injection for phosphatic calculi.

CANCER. (*See also Stomach and Uterus.*)

ARSENIC, 262. Arsenious acid, pure or with starch, as a caustic—enough should be used to set up the active inflammation (see ref.).
——— 281. A long-continued course recommended in epithelioma, scirrhus, and rodent ulcer.
CARBOLIC ACID, 314. Pure, as anæsthetic before applying caustics.
CARBONIC ACID, 108. Injected up vagina in cancer of uterus to relieve pain.
CHLORAL, 348. In ten gr. doses three times a day, has relieved most severe pain of cancer.
CHLOROFORM, 329. As vapour to raw, painful surface.
CONIUM, 441. As poultice to ease pain.
——— 444. Internally to relieve pain.
CREOSOTE, 314. Has been employed.
GLYCERINE OF CARBOLIC ACID, 302. As application to fœtid cancers on surface or in uterus.
GLYCERINE OF TANNIN, 302. With glycerine of carbolic acid checks discharge and stench of uterine cancer.
IODOFORM, 342. Applied locally relieves the pain of cancerous sores.
MORPHIA, 494. Dissolved in glycerine and spread on lint, very useful where there is much pain. Opium is also used in cancer of the stomach.

CANCER—*continued.*

OPIUM, 494. To cancerous sores.
POULTICES, 81. Of starch applied cold.
WARM ENEMATA, 93. To relieve pain and straining in intestinal cancer.

CANCRUM LABIALIS AND ORIS.

ARSENIC, 263. In cancrum oris.
NITRIC ACID, 150. To surface.

CANKERY TASTE.

MERCURY, 408. If podophyllin fail.
PODOPHYLLIN, 408. When unconnected with alcoholism.
PURGATIVES, 408. Mercury and podophyllin generally best.
WATER, 90. Half a tumbler of pure cold water daily half an hour before breakfast.

CARBUNCLE.

ARNICA, 289. Ointment on plaster, also internally.
BELLADONNA, 117. With glycerine as local application to allay pain.
CARBOLIC ACID, 315. Lint soaked in glycerine or oil and carbolic acid to be thrust into discharging sinuses, the whole to be covered over with more lint similarly prepared.
IODINE, 104. Applied so as to produce vesication round the carbuncle, reduces inflammation.
MENTHOL, SOLUTION OF, 375.
OPIUM, 497. An extract of the consistence of treacle applied three or four times a day (see ref.),
POULTICES, 78. The inflamed surface having been previously smeared with belladonna and glycerine.
STRAPPING, 289. Plaster concentrically from border inwards, will sometimes arrest extension.
SULPHIDES, 117.

CARDIAC DROPSY. (*See Heart Diseases and Dropsies.*)

CARIES.

PHOSPHATE OF LIME, 191.

CATARRH. (*See also Bronchitis.*)

ACONITE, 416, 419. In catarrh of children and in measles.
ACTÆA RACEMOSA, 412. Has been given, it is said, with much success, when headache, stiffness of muscles, and dull aching pain in bones.
ANTIMONY, 260. As tartar-emetic in acute catarrh of children, which is often accompanied by vomiting and diarrhœa.
CHLORATE OF POTASH, 205. Should be taken early and frequently, eight or ten lozenges in the twenty-four hours.
CHLORIDE OF AMMONIUM, 194. In chronic catarrhs of bronchial and urinary mucous membrane when secretion thick and abundant.
CUBEBS, 376. ʒ ss. to ʒj. of the tinct. in linseed tea thrice daily. Very useful in coughs due to chronic catarrh, or those following influenza, or a simple acute catarrh, or occurring in emphysematous patients.

CATARRH—*continued.*

EUCALYPTOL, 378. In chronic bronchial catarrh and bronchorrhœa.
HAMAMELIS, 308. Snuffed up nose in colds of the head and catarrh of mucous membrane.
HOT SPONGING, 65. For headache.
IODIDE OF POTASSIUM, 133. Five grs. of, ½ gr. tartar emetic, 1 oz. syrup of orange peel, 3 ozs. of water in teaspoonful hourly doses for acute febrile catarrh, specially for children.
IODINE, 123. Painted over back—front in chronic bronchial.
IODOFORM, 343. In spirits of turpentine.
IPECACUANHA, 388. In catarrh of stomach or lungs, especially when secretion from lungs abundant and tenacious.
LAMP BATH, 76.
OPIUM, 498. Or morphia may be given when there is violent and frequent cough but no signs of obstructed oxidation.
SULPHIDES, 115. As natural waters highly efficacious in chronic catarrh of the pharynx.
TURKISH BATH, 73. In chronic catarrh.
WARM FOOT-BATH, 64, 65. Before going to bed.

CATCH IN THE BREATH.

COLD SPONGING, 68. For infants waking with a catch in the breath at night.

CEPHALALGIA. (*See Headache.*)

CHANCRE. (*See Syphilis.*)

CAUSTIC ALKALIES, 163. To hard edges.
EUCALYPTOL, 378. With iodoform applied to both kinds of sores.
IODOFORM, 341. Dusted over soft chancres.
IODOL, 343.
NITRIC ACID, 150. To soft chancres.

CHANGE OF LIFE.

ACTÆA, 412. For headache.
AMMONIA, 180. As Raspail's sedative lotion to be applied to the painful part of the head in the headaches of this period.
BROMIDE OF POTASSIUM, 143, 146. For despondency with sleeplessness and irritability, often also with heats, flushings and perspirations.
CALABAR BEAN, 448. For flatulence.
CAMPHOR, 368. For drowsiness and headache, eau de Cologne saturated with camphor to be rubbed into the head.
CHANGE OF AIR AND SCENE, 144. Where other treatment only partially successful.
EUCALYPTOL, 378. For various symptoms, as palpitations, flushings, flatulence.
HOT SPONGING, 72. To spine, following by application of cold sponge.
IRON, 144. For flutterings of the heart.
—— 215, 216. Large doses of sesquichloride three times a day in fluttering of heart with fulness of head, heat, and weight on the vertex, frequent flushings and hot and cold perspirations. If symptoms limited to head and face, nux vomica, opium and belladonna more successful.
NITRITE OF AMYL, 363. In small doses when the heats predominate.
VALERIANATE OF ZINC, 255. For hysterical symptoms.
VINEGAR AND WATER SPONGING, 72. Every morning to spine.
WARM BATH, 64. Once a week.

CHAPS. (*See Nipples, Sore.*)

COLLODION, 288. Sometimes used, but for chapped hands and lips glycerine of starch, arnica cerate or eau de Cologne and glycerine better; for chapped nipples sulphurous acid and glycerine.
GLYCERINE, 301. Or, better still, glycerine of starch.
SULPHUROUS ACID, 160. As solution or fumigation.
VASELINE and PETROLEUM, 309.

CHEST, PAINS IN, NON-INFLAMMATORY. (*See Myalgia and Pleurodynia.*)

BELLADONNA, 124. When tenderness is in *skin*, pleurodynia.
IODINE, 124. As ointment in *muscular* pains, myalgia.

CHILBLAINS.

BALSAM OF PERU, 374. In ointment for broken chilblains.
CAJEPUT OIL, 374. Locally.
CAPSICUM, 386. The tincture painted over unbroken chilblains, but this is inferior to iodine. For De Rheims's preparation see ref.
IODINE, 124. Ointment is best.
SULPHUROUS ACID, 160. As solution or fumigation.

CHLOASMA. (*See Pityriasis Versicolor.*)

CHLOROSIS.

HYPOPHOSPHITES, 193. Of lime or soda.
IRON SALTS, 213. When flabby tongue.

CHOKING.

BROMIDE OF POTASSIUM, 140. In children who choke with liquids from their birth (see ref.).

CHOLERA AND CHOLERAIC DIARRHŒA.

ARSENIC, 271. Has been recommended for the vomiting of cholera and in collapse in the later stages.
CAMPHOR, 269. Four to six drops of the strong spirit of camphor every ten minutes at the commencement till the symptoms abate, and hourly afterwards.
An admirable remedy for summer diarrhœa and cholera.
CHLORAL, 248. Hypodermically in cholera. May be combined with morphia.
COPPER, 252. The salts have been given.
LEAD, 223. The acetate has been recommended in early stages.
MERCURY, 244. A sixth of a grain of grey powder hourly is of great service in infantile cholera with incessant sickness, profuse almost continuous diarrhœa, offensive and nearly colourless stools. A starch injection with a minute quantity of laudanum assists the grey powder, and should be given in urgent cases.
MORPHIA, 496. One-eighth to one-fourth of a grain hypodermically of the greatest value even in the stage of collapse.
SPINAL ICE-BAG, 86. For cramps.

CHORDEE.

ACONITE, 421. In drop doses hourly. Said to remove chordee.
CAMPHOR, 370.
CANTHARIDES, 383. A drop of the tincture three times a day.

CHOREA.

ACTÆA RACEMOSA, 411. Sometimes succeeds when rheumatic history.—Inferior to arsenic.
ANTIMONY, 260, 261. As tartar-emetic in increasing doses; other remedies better.
APOMORPHIA, 400.
ARSENIC, 281. When uncomplicated very successful.
CALABAR BEAN, 447. Three to six grs. of the powder three or four times a day for children, or ten to twenty grs. for adults.
CHLORAL, 347. Sometimes useful, especially where the violent movements render sleep impracticable.
CHLOROFORM, 338. Inhalations,—commence with them three times a day, often of great service in severe cases.
COD-LIVER OIL, 296.
COLD SPONGING, 68. Not if rheumatism, fever, or pain in joints. Often well to use water tepid first.
CONIUM, 444. Apparently only palliative.
ETHER SPRAY, 340. Has been recommended.
HYOSCYAMIA, 448. 1-50th gr. hypodermically or by stomach.
MORPHIA, 495. Hypodermically when the movements prevent sleep.
SILVER, 231. Both the oxide and nitrate occasionally useful.
SPINAL ICE-BAG, 86.
SULPHATE OF ZINC, 254. In large and increasing doses. (See ref.)
VALERIAN, 379. The preparations are said sometimes to restrain the movements of chorea.
VERATRUM VIRIDE, 401. Has been employed.

CLAVUS.

CHLORIDE OF AMMONIUM, 72.

COLD FEET.

SPONGING, 72. With vinegar and water, or first with hot and then cold water.

COLD, FEVERISH.

TURKISH BATH. 73. At commencement will cut short, also useful later on.

COLD IN HEAD. (*See Coryza.*)

COLDNESS.

COLD WATER, 71, 72. Cold feet should be immersed in cold water nightly for a few minutes, rubbing them all the time, they should then be dried and warm woollen socks put on.
SPINAL ICE-BAG, 87. For cold feet.
STRYCHNIA, 516. For coldness of hands and feet.

COLDS, TENDENCY TO CATCH.

COLD SPONGE-BATH, 73. Supplemented by wet-sheet packs, or Turkish bath.

COLIC.

ALUM, 209. Large doses (ten grs.) every hour given by many in lead colic.
AMMONIA, 181. In spasm of intestinal canal and in colic of children or infants from bad feeding.
BELLADONNA, 472. In colic of intestines, especially of children.
BROMIDE OF POTASSIUM, 140. In a peculiar form in young children. (See ref.)
CHLORAL, 348. Sometimes relieves.
CHLOROFORM, 331, 337. Inhalation in renal and biliary colic, inferior only to morphia injection, superior to opium, warm baths, &c., two or three administrations may be required.
——————— 339. ℥v-lx. every 4 or 6 hours in biliary colic said to dissolve calculus.
——————— SPIRIT OF, 331. In all colics, often combined with opium.
COUNTER-IRRITATION, 102. For renal and biliary calculi.
ESSENTIAL OILS, 375. Especially of cloves and cinnamon.
ETHER, 340. For biliary or intestinal colic.
FOMENTATIONS, 82. In all forms.
LIME-WATER, 187. For young children who eject much of their milk in lumpy masses, some of these lumps passing through the intestines causing colic and wind.
OPIUM, 500. Or morphia in frequently repeated small doses for colic of intestines. Where, as is usual, there is constipation a purgative should be given.
——— 507. Small doses with spirit of chloroform every five or ten minutes till the pain gives way in renal or biliary colic, or morphia hypodermically.
PHOSPHATE OF SODA, 200. In hepatic colic to prevent formation of gall-stones—must be continued for months.
TOBACCO, 439. As clyster or by the stomach in colic of intestines.
TURPENTINE, 373. Has been given with advantage in biliary colic.
WARM BATH, 64. To ease the pain in biliary, renal, or other colic.

COMA.

BITARTRATE OF POTASH, SULPHATE OF SODA, and TARTRATE OF SODA, 199. As purgatives when blood poisoned.
BLISTERS, 100, 101. In a comatose condition large blisters or mustard poultices should be applied in quick succession to different parts of the body—chest, abdomen, thighs, and calves—often very valuable in the critical condition near the end of an acute illness.
COLD DOUCHE, 69. For stupor of drunkenness or of opium poisoning. May have to be repeated if relapses occur. It should be kept up for a long time if pulse and breathing improve or even become no worse.
CROTON OIL, 300. A purgative—one-quarter or one-third min. every hour.

CONDYLOMATA.

ARSENIC, 262. Arsenious acid as a caustic. (See ref.)
MERCURY, 232. The nitrate locally.
——— ——— 236. Oleate (20 per cent.).
——— ——— 238. Calomel dusted over.
NITRIC ACID, 150. As a dilute wash constantly applied.
ZINC, 253. Chloride, iodide, and nitrate locally.

CONFINEMENT. (*See Puerperal Fever.*)

ACTÆA RACEMOSA, 411. Strengthens contractions of uterus without prolonging them as ergot does, and so endangers less life of child and soft structures of mother. Sometimes given for after-pains, but ergot preferable here.
Beneficial in mental disturbance before or after confinement, 412.
Useful when lochia are suppressed.
CASTOR OIL, 300. As purgative afterwards.
CHLORAL, 347. In fifteen gr. doses every quarter of an hour till sleep induced—applicable towards termination of first stage.
CHLOROFORM, 337.
COLD DOUCHE, 70. In insomnia.
EMETICS, 399. Or mechanical irritation of pharynx in flooding.
ERGOT, 524. In tedious labour where uterus is becoming exhausted, but where there is no obstruction to the passage of the child. (See ref.)
Extremely useful in *post-partum* hæmorrhage.
HAMAMELIS, 307. For long-continued oozing of blood afterwards.
IPECACUANHA, 399. In flooding—also recommended after delivery to promote natural functions.
IRON, 216. Injection of four ozs. of liq. ferr. perchlor. with twelve ozs. water in grave cases of flooding after delivery—care to be taken not to introduce air.
MORPHIA, 496. Hypodermically in tedious labour produced by rigid os uteri.
OPIUM, 508. A drachm of the tinct. with brandy in profuse flooding.
QUINIA, 545. To strengthen uterine contractions—used by some American writers in preference to ergot.

CONJUNCTIVITIS. (*See Eyes, Diseases of.*)

BELLADONNA, 471. Locally and internally.
BLISTERS, 103. Behind the ear.
CASTOR OIL, 301. A drop in the eye often allays pain and intolerance of light caused by an irritant.
MERCURY AND MORPHIA, OLEATE OF, 236. Outside the eyelid in palpebral conjunctivitis.
OPIUM, 497. The wine of the 1864 Pharmacopœia dropped into the eye relieves pain and improves condition of the membrane.
SILVER, NITRATE OF, 229. Solutions of various strength dropped into the eye.
ZINC, 253. A weak solution of sulphate as drops.

CONSTIPATION.

ALOES, 554. In chronic cases. Often combined with iron.
BELLADONNA, 472. One-sixth to one-fourth of the extract once a day, especially when dyspepsia. Sometimes a suppository of one or two grs. efficacious in severe cases.
BISMUTH, 210. With alum and gentian in pill night and morning in chronic constipation.
BITARTRATE OF POTASH, SULPHATE OF MAGNESIA, and PHOSPHATE OF SODA, 201. In broth for children.
CARLSBAD WATER, 198. In habitual constipation—best to use a system as at Carlsbad. (See ref.)
CASCARA SAGRADA, 563.

CONSTIPATION—*continued.*

CASTOR OIL, 300. A speedy, certain, and mild purgative. Not good for habitual constipation. ʒss. of the oil if rubbed up with ʒss. glycerine a sufficient dose.

COD LIVER OIL, 296. In the obstinate constipation of children.

COFFEE, 526. Is slightly purgative in some persons.

COLOCYNTH, 557. A few drops of the Prussian tincture several times a day in obstinate constipation.

CROTON OIL, 300. A very powerful purgative, sometimes employed in obstinate constipation where other purgatives fail.

DIET, 197, 198. Porridge, brown bread and exercise when busy, worried men become irritable and suffer from headache, unless the bowels act every day. If these remedies fail, try fruit before or after breakfast, or natural purgative waters.

ENEMATA, 93. To unload the bowels, but the habitual use of warm enemata will increase the torpor of the bowels.

GLYCERINE, 303. As an anal injection.

GUAIACUM, 558. Obstinate constipation.

IPECACUANHA, 391, 392. A grain every morning fasting for constipation from great torpor of intestines. It is said to assist the action of the other purgatives.

JALAP, 560. And scammony in obstinate constipation.

KNEADING OF THE ABDOMEN, 93. Night and morning for 10 minutes often overcomes chronic constipation, especially in children.

LIME, 188. As saccharated solution—this must not be taken on an empty stomach.

MAGNESIA, BICARBONATE OF, 184, *i.e.*, fluid magnesia. A useful and mild aperient. Often combined with rhubarb.

MERCURY, 3. Calomel, or grey powder, as a purgative, especially if stools light. Nitric acid and nux vomica assist its efficacy. (But see p. 243.)

NATURAL WATERS, 197. Pullna, Friedrichshall, or Hunyadi—from a wineglassful to half a tumbler or more, with an equal quantity of hot water before breakfast.

Pullna or Friedrichshall mixed with milk a good purgative for children.

NUX VOMICA, 512. The extr. with rhubarb or colocynth shortly before dinner, aids digestion and the unloading of the bowels. One or two drops of this tinct. two or three times a day will do instead.

ORANGES, 197. One or two before breakfast for moderate habitual constipation, or a glass of cold water before and an orange soon after breakfast.

PODOPHYLLUM, 408. One or two drops two or three times a day of the solution of one grain of the resin in one drachm of alcohol for children with hard, clayey, perhaps mottled stools occurring after an attack of diarrhœa (often observed in infants who are spoon-fed). Generally the best purge when stools are dark. Nitric acid and nux vomica should be given simultaneously.

For remarks on indications of the tongue, see p. 3.

RHUBARB, 562. A useful purgative for children, especially when mixed with two or three times its weight of carbonate of soda.

SENNA, 563. Well combined with a bitter tonic, as gentian.

SENNA LEAVES, 93. Steeped first in hot then in cold water, an excellent evacuant.

SITZ-BATH, 72. Cold or tepid, followed by friction with rough towel.

CONSTIPATION—*continued.*

SOAP, 170. Added to anal injections to suspend castor oil or turpentine, or a piece the size of the thumb whetted with castor oil or water may be thrust up the rectum to produce a motion, especially in infants and children.

SULPHATES, 201. In purgative natural waters—small doses often repeated. Sulphate of potash has in some cases proved poisonous.

SULPHUR, 112. Ten grs. with conf. sennæ, or as the German comp. liquorice powder in milk—the latter good for children.

TOBACCO, 439. A smoke after breakfast sometimes beneficial in habitual constipation.

WHOLE-MEAL BREAD, 582. See DIETARY.

CONVALESCENCE.

ALCOHOL, 320. Before or at meals.

FATS, 394. Especially cod-liver oil.

LIME, 188. As lime-water or carbonate of lime, in convalescence from serious diseases.

OPIUM, 500, 501. As laudanum injected into the rectum for the wakefulness of convalescents.

SEA-BATHS, 53.

CONVULSIONS.

BITARTRATE OF POTASH, SULPHATE OF SODA, and TARTRATE OF POTASH, 199. When due to poisoned blood.

BROMIDE OF POTASSIUM, 141. In all forms.

CHLORAL, 347. In children—five grs. by mouth or rectum.

CHLOROFORM, 338. Inhalations of great service in children, also in puerperal convulsions.

ICE, 84. To head.

MORPHIA, 496. Hypodermically sometimes arrests puerperal convulsions.

SPINAL ICE-BAG, 86. In infantile convulsions.

VERATRUM VIRIDE, 401. Has been employed.

CORNS.

SALYCYLIC ACID, 550. (For formula see ref.)

CORYZA AND HAY FEVER.

ACONITE, 416. In severe colds with much chilliness, aching of limbs, a hot dry skin and quick pulse.

———— 269. In true hay fever.

AMMONIA, 180. Inhalation in early stage.

ARSENIC, 268. In chronic corzya. Also periodical attacks of persistent sneezing, with corzya, frontal headache, and often an itching of the nostrils; sore throat, wheezing, and profuse expectoration may supervene. Often this affection, allied to peptic asthma, may be brought on by food or by irritation of dust or pollen. Aconite liniment may be applied to the itching part of the nose.

Arsenic of little use in true hay fever, then aconite internally best. (See ref.)

CAMPHOR, 368. Inhaled or taken by the mouth at the very beginning sometimes arrests it.

CARBOLIC SPRAY, 315. To nose in contagious coryza.

CHLORATE OF POTASH, 205. Eight or ten lozenges a day will stop many a cold at its commencement.

COCAINE, 535. Solution for painting nasal mucous memb., also for arrest of acute coryza.

CORYZA AND HAY FEVER—*continued.*

GLYCERINE, 302. Vaseline preferable.
HAMAMELIS, 308. Snuffed up nose in colds and hay fever.
IODIDE OF POTASSIUM, 133. Ten grains at bedtime at onset to cut short acute cold in head; also useful in chronic colds.
IODINE, 126. Inhalation in daily attacks of cold accompanied by itching of nose or inner canthus.
IPECACUANHA, 396, 397. In hay asthma.
OPIUM, 507. At night at the very beginning will often cut short an attack of coryza. A A glass of hot grog assists its action.
PIECE OF COTTON WOOL, 375. Saturated with menthol placed in each nostril directly sneezing and itching commence.
QUINIA, 538. Strong solutions to flush nose.
SULPHUROUS ACID, 160. Inhalation, spray, or fumigation in coryza.
TURKISH BATH, 73. In coryza.
VERATRUM VIRIDE, 269. If arsenic unsuccessful.

COUGH.

ALCOHOL, 328. As brandy or wine. Porter and beer often aggravate coughs.
ALUM, 208. Ten grs. to one drachm of water as spray in chronic cough; also internally in spasmodic coughs.
BELLADONNA, 478. Often useful—no rules can be given.
CARBONIC ACID GAS, 108. As inhalation in irritable cough.
CHLOROFORM, 331. With morphia and treacle when cough paroxysmal and violent with very slight expectoration; when it arises from morbid condition of throat this mixture may be painted on.
COD-LIVER OIL, 296. In chronic coughs.
CONIUM, 444. Supposed useful in whooping and other coughs.
Inhalation for irritable cough.
CREASOTE, 311, 312. In winter cough.
CUBEBS, 376. ʒss. to ʒj. of tinct. in linseed tea in acute or chronic catarrh, influenza, or emphysema—often acts "like a charm."
GELSEMIUM, 461. When excessive excitability of respiratory centre—ether, chloroform, and opium also useful.
GLYCERINE, 302, 303. Lemon-juice may be added.
GLYCERINE OF TANNIN, 305. As application to the throat when chronically inflamed and so productive of cough, which is often the case in children.
HYDROCYANIC ACID, 492. For irritable cough.
IODINE, 126. Inhalation for children with hoarse, hollow cough accompanied by hoarseness and wheezing at the chest.
IODOFORM, 343. Cough of phthisis diminishes.
IPECACUANHA, 393, 394. In obstinate winter cough with wheezing the wine applied as spray to the fauces is very efficacious.
OPIUM, 497. When cough due to inflamed or even ulcerated throat. Morphia lozenges or morphia with glycerine in these cases, which are common in chronic phthisis, very useful, 498. Sometimes also opium and morphia administered so that the medicine clings for some time in contact with structures just outside the larynx effectual in coughs entirely dependent on lung disease.
SPIRITS OF TURPENTINE OR TEREBINE, 372. For winter cough.
TAR, 312. In winter cough, especially when paroxysmal.
TURKISH BATH, 72. In winter cough.

CRACKED NIPPLE. (*See Nipples, Sore.*)

CRICK IN THE NECK.

CROUP.

ACONITE, 416. Valuable in catarrhal croup (spasmodic laryngitis).
ALUM, 208, 209. One drachm in honey or syrup every ten or fifteen minutes till vomiting induced. In severe cases vomiting should be caused three or four times a day, treatment to be begun early.
COPPER, SULPHATE OF, 251. In small and frequent doses as a vomit.
LOBELIA, 520. Has been employed.
SENEGA, 564. Given by some.
SULPHUROUS ACID, 160. Spray hourly or oftener in acute attack.
TANNIN, 306. A spray containing 5 per cent. of tannin several times a day for fifteen or twenty minutes.
ZINC, SULPHATE OF, 254. As emetic, but others generally preferred.

CYSTITIS.

ALKALIES, 176. Citrates and bicarbonates used to make urine alkaline, when urinary organs irritated or inflamed. When urine already alkaline alkalies must be intermitted.
BUCHU, 376. Also copaiba and cubebs in chronic inflammation of bladder and urethra.
CANTHARIDES, 382. A drop of the tincture (five sometimes required) three times a day.
CARBOLIC ACID, 313. And sulpho-carbolates may possibly be used in preserving the urine sweet in cystitis.
EUCALYPTOL, 378.
HOT ENEMATA, 94. To relieve pain.
HOT SITZ-BATH, 64. Allays pain and incessant desire to micturate.
IODOFORM, 342. A suppository for painful diseases of rectum and bladder.
OPIUM, 500. An injection of laudanum with starch will subdue pain and frequent micturition.
PAREIRA, 376. In chronic cystitis.
TURPENTINE, 373. Has been useful in chronic cystitis.

DANDRIFF. (*See Pityriasis of Scalp.*)

BORAX, 165. Head to be sponged several times a day with a saturated solution, or the glycerine of borax may be used.
TANNIC ACID, GLYCERINE, LARD, BALSAM OF PERU, and OIL OF BITTER ALMONDS, 305.

DEAFNESS. (*See Ears, Diseases of.*)

GLYCERINE, 301. For dryness of meatus—also to form a film to cover ruptured tympanum.
GLYCERINE OF TANNIN, 305. As application for throat deafness.

DEBILITY.

ALCOHOL, 5. In aged patients with dry tongue great care must be exercised and alcohol given in small quantities, the effect on the dryness of the tongue being carefully watched.

DEBILITY—*continued.*

——— 324. A wine with much ether in debility of old age, especially where sleeplessness, indigestion and stomach cramps.
——— 328. Stout or rum and milk, especially in town-living women.
ARSENIC, 276. For swelled feet of old or weakly persons and for breathlessness from weakly acting heart.
COD-LIVER OIL, 294. In chronic degenerative diseases of old age.
——— 294. In chronic diseases of children.
HYPOPHOSPHITES, 193. Of lime or soda in nervous or general debility.
IRON, 213, &c. In anæmic subjects.
MORPHIA, 505. Hypodermically when due to onanism, and in great hysterical depression.
PHOSPHATE OF LIME, 191. When from prolonged town life or overwork, a grain each of phosphate of lime, phosphate of iron and carbonate of lime for a dose.
QUINIA, 545. For pale, badly fed town-dwellers.
SEA-BATHING, 53. In chronic illnesses with debility.
SOPORIFICS, 5. In aged patients if tongue is dry great caution must be exercised.
TURKISH BATHS, 73. When caused by the tropics—caution necessary. When town-dwellers become stout and flabby.

DELIRIUM.

ANTIMONY, 260. In delirium of typhus and other fevers. (See fevers)
BELLADONNA, 478. In delirium of typhus and other fevers.
BROMIDE OF POTASSIUM, 145. In delirium resembling delirium tremens, also in acute mania.
CAMPHOR, 369. In large doses.
CHLORAL, 345. In violent delirium of fevers.
COLD DOUCHE, 70. In maniacal delirium—place patient in warm bath during the application.
OPIUM, 501. Best given in traumatic delirium as a rectal injection.
——— 504. Combined with tartar-emetic in fevers, or, better still, morphia may be given hypodermically. Laudanum in low muttering delirium.

DELIRIUM TREMENS.

ANTIMONY, 260. Tartar emetic with opium to control mania and sleeplessness.
BROMIDE OF POTASSIUM, 387. Especially in earlier stages, and in dispelling delusions remaining after partial subdual of attack.
CAPSICUM, 387. To induce sleep in early stages.
CHLORAL, 346. Especially when administered at the onset of the symptoms.
CHLOROFORM, 338. Inhalation has been advised to procure sleep.
COLD DOUCHE, 70. For insomnia.
DIGITALIS, 433. Half an ounce of the tincture, repeated if necessary in four hours and again in six, and afterwards when needful in two-drachm doses. (See ref.)
HYOSCYAMUS, 487, 488. Or Hyoscyamia, probably useful where delirium like that of acute intermittent delirium.
ICE, 84. To head.
MUSK, 318. With laudanum.
OPIUM, 501. Given as rectal injection.
——— 505. Hypodermically or with porter or spirits. Test urine first.

DELIRIUM TREMENS—*continued.*

STRYCHNIA, 516. Hypodermically to calm excitement and induce sleep.
WET PACK, 70. For insomnia. May be repeated.
If patient strong, delirium boisterous and pulse full, tartar-emetic or aconite should be added.

DEPRESSION AND DESPONDENCY.

BROMIDE OF POTASSIUM, 143. Especially in townspeople.
PHOSPHORUS, 287. In depression from overwork.

DIABETES.

Caution.—The sugar reaction is given by urine of patients taking salicylic acid. See p. 551.

ALKALIES, 171. Have been suggested.
ERGOT, 525. The best remedy in diabetes insipidus. Large doses required.
GLYCERINE, 302. To be used in place of sugar.
LACTIC ACID, 158.
OPIUM, 507. Very successful.
SALICYLATE OF SODA, 550.
TEPID DRINKS, 88.
VALERIAN, 379. Large and increasing doses in diabetes insipidus.

DIARRHŒA.

ALKALIES, 170. Bicarbonates of potash, soda or magnesia when due to excess of acid in intestines.
ALUM, 209. Sometimes useful in acute and chronic diarrhœa, and in that of typhoid and dysentery.
AMMONIA, 181. In after stages when mucous membrane continues to pour out watery secretion which perpetuates the diarrhœa.
ARSENIC, 270. One drop of liq. arsen. before meals for dyspeptics when diarrhœa excited by food.
Also useful in other chronic forms of diarrhœa, even when due to organic disease.
——— 282. For copious discharge of membranous shreds from bowels and uterus with emaciation, neuralgia, dysmenorrhœa, &c.
ATTENTION TO FEEDING, 246. Small quantities of food frequently.
BISMUTH, 219, 220. Half a drachm to a drachm of the nitrate in chronic diarrhœa as in that of phthisis sometimes valuable when all else has failed—should be given in milk.
A grain hourly with milk with sometimes one-sixth gr. grey powder in various forms of diarrhœa of young children.
CAMPHOR, 369. In summer diarrhœa, in acute diarrhœa of infants (may be given in milk), in diarrhœa caused by effluvia of drains, or exposure to cold.
CAPSICUM, 387. In summer diarrhœas and in those persisting after expulsion of exciting irritant.
CASTOR OIL, 301. In early stages to carry away irritant.
Children's diarrhœa sometimes yields to eight or ten drops suspended in mucilage.
CHAMOMILE, 555. An infusion useful in summer diarrhœa of adults, or of children from teething.
CHLORIDE OF AMMONIUM, 194. In catarrhal conditions of intestines.
CHLORIDE OF CALCIUM, 188. In chronic diarrhœa with weak digestion.

DIARRHŒA—*continued.*

CHLOROFORM, 331. As sp. chloroformi combined with astringents and opium after removal of excitant.

COCAINE, 537. As anal injection or suppository to check diarrhœa.

COD LIVER OIL, 296. In chronic diarrhœa of children with pale stinking motions, wrinkled skin and perhaps vomiting.

COLD OR TEPID PACKING, 56. In summer diarrhœa of children.

COPPER SULPHATE, 251. By mouth or as an injection in severe chronic or acute diarrhœa with or without organic disease.

COTO BARK, 309.

FLANNEL BINDER, 246. Round the belly in infantile diarrhœa.

INJECTIONS, 94, 98. Of starch water at 100 degrees F. with laudanum and acetate of lead or sulphate of copper. Invaluable in urgent cases such as the choleraic diarrhœa of children.

IPECACUANA, 392. Hourly drop doses of the wine, especially if vomiting be present, in dysenteric diarrhœa of children.

IRON, 211. Astringent preparations, especially the pernitrate.

LEAD, 223. A few grs. of the acetate with a small dose of morphia, a sure and speedy remedy for summer diarrhœa; the acetate with opium in purging due to dysentery, typhoid, or tubercular disease of intestines.

It increases the efficacy of a starch injection.

It may be used as a suppository.

LIME, CARBONATE OF, 188. In the later stages when the irritant got rid of. As chalk mixture in diarrhœa from more serious causes, as typhoid or phthisis.

LIME-WATER, 109, 188. In chronic vomiting with diarrhœa in young children.

MERCURY, 3. Generally best when stools are light-coloured. Nitric acid and nux vomica assists its action.

For indications afforded by condition of tongue, see p. 3.

——— 243. A third of a grain of grey powder every hour or two in diarrh of children with bad digestion, flatulent distension and clayey stinking motions.

——— 244, Where children or adults suffer from acute or chronic diarrhœa with slimy, perhaps bloody stools and pain and straining, give frequent teaspoonful doses of a solution of one grain of bichloride in ten ozs of water.

Grey powder, a sixth of a grain hourly, then every two or three hours in infantile diarrhœa with watery and offensive, muddy or green stools to the number of ten or twelve a day—vomiting is an additional indication for this treatment.

In all cases of infantile diarrhœa little food should be given, but frequently.

When children pass large, acid, offensive curdy stools, mercury of little use—here milk should be entirely withheld.

——— 246. The chronic diarrhœa of adults with watery pale stools often yields to the hundredth of a grain of corrosive sublimate every two or three hours, this may be employed in diarrhœa of typhoid or phthisis. (See also p. 409.)

NITRIC ACID, 3. With nux vomica to assist action of mercury or podophyllin.

——— 156. For straining diarrhœa of children when motions green, curdled and mixed with mucus; also in chronic diseases of children with sour-smelling, pale and pasty motions, especially if acid combined with pepsin.

DIARRHŒA—*continued.*

OPIUM, 499. Or morphia in acute forms after expulsion of offending matter, also in chronic diarrhœa of tuberculosis, dysentery, and other organic diseases. In typhoid fever, where there is wakefulness, delirium and diarrhœa, it will often subdue the symptoms.

In dyspepsia with diarrhœa, common in children, where there is sinking at the stomach, relieved for a short time by food, and the occurrence of an evacuation of partially digested food immediately after the meal. Two to five drops tr. opii a few minutes before each meal very efficacious, but arsenic even more so.

An injection with starch in acute and chronic diarrhœas, including those severe forms which sometimes carry off young children in a few hours. Also in typhoid tubercular ulceration of intestines and dysentry (p. 500.)

PHOSPHATE OF LIME, 191. In chronic diarrhœa, tubercular or otherwise.

——— 192. In chronic diarrhœa, especially that of young children, may be given with carbonate of lime and lactate of iron

PODOPHYLLUM, 409. In chronic diarrhœa with high-coloured motions and cutting pains; also in morning diarrhœa; also in chronic diarrhœa with watery, pale, frothy motions, with severe cutting pain. (See also p. 3.)

RAW MEAT DIET, 572, 573. For children and adults.

RHUBARB, 562. In early stages to get rid of irritant and afterwards to check the diarrhœa.

SALICYCLIC ACID, 550. As an injection in dysenteric diarrhœa of children.

SILVER, NITRATE OF, 231. In acute and chronic diarrhœa.

SPINAL ICE-BAG, 86. For cramps. Also when due to excessive action of mucous membrane.

SULPHURIC ACID, 155, 156. In summer and choleraic diarrhœa. Small doses in chronic diarrhœa, also in hectic.

TANNIN, 306. As catechu, kino, red gum, rhatany and hæmatoxylum in acute and chronic diarrhœa, internally or as injections.

VERATRUM ALBUM, 401. Has been used with advantage in the vomiting and purging of summer diarrhœa.

WET PACK, 56. Daily in chronic diarrhœa, due to chronic catarrh of intestines.

ZINC, OXIDE OF, 254. Two to four gr. doses every three hours in diarrhœa of children.

DIPHTHERIA. (*See Throat, Diseases of.*)

BORACIC ACID, 162. In glycerine as local application.

CHLORINATED SODA, 122. Strong solution to throat.

CHLORINE SOLUTION, 122. For sloughing of throat.

EUCALYPTUS OIL, 378. To the throat and as inhalation.

GLYCERINE OF CARBOLIC ACID, 315. Twice a day to diseased portions of mucous memb.

HYDROCHLORIC ACID, 152. Locally.

ICE, 84. To be sucked especially at commencement and continued constantly till disease declines.

ICE POULTICE, 85. To throat, especially when glands threaten to suppurate.

DIPHTHERIA—*continued.*

IODINE, 126. As inhalation. (For formula see ref.)
IRON, 215. Large doses of perchloride—solution better than tincture—every hour or oftener. Solution also to be gently painted on throat or applied with atomizer.
LACTIC ACID, 152. ℥ ss. to ℥j in ℥j of water as spray or application to membrane every hour.
LIME, 186, 187. Solution as spray. Recommended by many, but of doubtful efficacy.
PERMANGANATE, 217. Has been given internally.
PILOCARPINE, 455.
QUINIA, 538. As strong solution of spray topically.
SILVER NITRATE, 230. Of doubtful benefit.
STRYCHNIA, 510. Hypodermically for paralysis after diphtheria.
TANNIN, 306. As spray (5 per cent. solution).

DIPSOMANIA.

ARSENIC, 270. For distressing vomiting—one drop of liq. arsen. before berakfast.
CAPSICUM, 387. Large doses before meals, and whenever depression and craving for alcohol occurs. With bromide or arsenic and bitters to assist in overcoming habit.

DROPSIES.

Nature and causes of, see pp. 39, 43.
Mode of action of remedies, pp. 42, 43.

ACUPUNCTURE, 98, 99. Or, better still, incisions from three-quarters to an inch long—one over each external malleolus generally sufficient. Keep a hot moist sponge containing carbolic acid to incisions, and put feet and ankles into hot bath for an hour night and morning. More useful in Bright's disease and in aortic than in tricuspid mischief.
ADONIDIN, 438.
ARSENIC, 276. For swelled feet from debility.
BITARTRATE OF POTASH, 199, 200. Especially in general dropsies; useful in Bright's disease to prevent watery accumulations and to draw off effete matters.
CALOMELA, 256. Powerful diuretic in renal and cardiac dropsy.
COLOCYNTH, 557. Has been used.
CONVALLARIA, 435. Used by Russian peasants.
COPAIBA, 377. In some cases of ascites and Bright's disease.
DIGITALIS, 430. The fresh infusion is best in heart disease.
ELATERIUM, 556. In kidney and heart disease: must be employed cautiously. (See ref.)
IODIDE OF POTASSIUM, 136. In some cases of Bright's disease.
JALAP, 560. In combination with other substances.
JUNIPER, 377. Esteemed by some in scarlatinal dropsy.
SQUILL, 560. Recommended in all forms.
SULPHATE OF MAGNESIA, 199, ℥ij–℥j in ℥j water before food.

DYSENTERY.

ALUM, 209. For the diarrhœa.
ARSENIC, 271. (See Diarrhœa.)
COCAINE, 537. As anal injection for straining.
HAMAMELIS, 308. When discharges contain much blood.

DYSENTERY—*continued.*

INJECTIONS, 95, 96. A pint of water with ten to twenty grains of sulphate of copper in the diarrhœa of chronic dysentery.
Large emollient enemata useful in early stages of dysentery.
IPECACUANHA, 392. Large doses required. The dysenteric diarrhœa of children will often yield to hourly drop doses of ipecacuanha wine, especially if vomiting present.
LEAD, 223. The acetate with opium for purging.
MERCURY, 244. A hundredth of a grain hourly or every two hours of the bichloride in acute or chronic dysentery, if stools are slimy and bloody.
OPIUM, 499. For the purging.

DYSMENORRHŒA.

ACTÆA, 412.
ANTIPYRIN, 554.
ARSENIC, 282. When accompanied by copious discharge of membranous shreds from bowels and uterus.
CAJEPUT, 376.
CANNABIS INDICA, 352. Very useful.
CROTON CHLORAL, 352. In dysmenorrhœal neuralgia.
GELSEMIUM, 465. Said to be useful.
HAMAMELIS, 308. Often relieves pain.
HOT SITZ-BATH, 64. Two or three times a day.
NITRITE OF AMYL, 363. Inhalation.

DYSPEPSIA.

ACTÆA, 411. For the dyspepsia of drunkards.
ALCOHOL, 320. In loss of appetite and digestive power from fatigue, a glass of wine or a little brandy-and-water before food; useful also in indigestion during convalescence from acute diseases or in town-dwellers. During acute disease alcohol should be given with food, little and often.
ALKALIES, 153. Shortly before a meal increase gastric juice, *usually* better than acids in atonic dyspepsia. (See also p. 149.)
——— 169. Bicarbonate of soda best.
ALOES, 558. In combination, for habitual constipation with dyspepsia.
The compound decoction a good after-dinner laxative. One grain of the watery extract with nux vomica, gentian or cinchona, a good dinner pill.
ARSENIC, 5. Indicated by a too clean, too smooth red tongue with prominent papillæ.
——— 270. One drop of liq. arsen. before food in irritative dyspepsia and dyspepsia in which diarrhœa is excited by food.
BELLADONNA, 472. One-sixth to one-fourth of the extract once a day when there is constipation.
BISMUTH, 219. Mixed with vegetable charcoal in flatulent dyspepsia.
CHARCOAL, 107. Where there is flatulence. (See ref.)
COCAINE, 537. In nervous dyspepsia ¼ gr. three or four times a day.
COD-LIVER OIL, 296. In the "craving" at the epigastrium of the aged if intestinal canal not in an irritable condition.
COLCHICUM, 406. In gouty subjects.
COLD WATER, 90. Half a tumbler half an hour before breakfast.
CREASOTE, 311. Often relieves stomach pains occurring after food.
DRINKING LITTLE AND ONLY SOME TIME AFTER MEALS, 91. In "indigestion of fluids" (see ref.).
EUCALYPTUS, 378. In atonic form.

DYSPEPSIA—*continued.*

HOT WATER, 91. A tumbler twice or thrice daily between meals in flatulent and acid dyspepsia.
HYDROCHLORIC ACID, 153. Dilute, after a meal increases gastric juice.
IPECACUANHA, 389. In irritative dyspepsia, acute and chronic, 392. When associated with constipation, depression, and food lying on the stomach "like a heavy weight."
MANGANESE, 217. As permanganate when flatulence.
MERCURY, 3. As grey powder if constipation with light coloured stools. Nitric acid and nux vomica may be given simultaneously.
For remarks on indications of the tongue, see p. 3.
——— 246. A grain of grey powder three or four times a day in dyspepsia occurring during chronic disease or in convalescence.
——— 246. If constipation, half a grain of calomel with three grains extract hyosc. in pill for three nights is better.
MINERAL ACIDS, 153. For eructations of offensive gas with or without oxaluria.
MORPHIA, 495. Hypodermically, when dyspepsia of an irritable kind in an irritable subject.
NUX VOMICA, 511. Where flatulence, weight on head and heartburn.
OPIUM, 499, 500. When sinking at stomach relieved temporarily only by food which produces an evacuation almost immediately of partially digested matters, common in children, two to five drops of tr. opii a few minutes before meals very useful,—arsenic even more so.
——— 508. In nervous people with weight on head, flushings, perspirations, and depression. A drop of laudanum with two of tr. nucis vom. three or four times a day.
In phthisis, not febrile.
PODOPHYLLUM, 408, 409. Useful when tongue furred, especially if stools dark. This holds good whether bowels open or constipated, but in latter case 1–30th to 1–20th grain doses only. A mixture containing nux vomica and nitric acid should be given at the same time. If disagreeable taste persists, rinse the mouth with solution of permanganate of potash.
——— ——— 408. For cankery taste, especially in the morning. If this fail, try mercury.
QUINIA, 539. Especially in elderly people living in towns. Checks excessive fermentation in the alimentary canal.
SENNA, 563. Combined with gentian when there is constipation.
SULPHO-CARBOLATE OF SODA, 316. And carbolic acid both useful in flatulence, especially when it occurs immediately after a meal or gives rise to "spasms." In these cases phosphorus is, however, better.
TANNIN, 306. In irritative dyspepsia.
TURKISH BATH, 73. For slight indigestion and malaise after dining out.

DYSPHAGIA.

COCAINE, 534. Painted over pharynx.

DYSPNŒA.

COCAINE, 536. Internally when due to weakened respiratory action.

EAR DISEASES. (*See also Otorrhœa and Deafness.*

ACONITE, 421. In otitis.
COCAINE, 535. As spray in otalgia (see ref.).
COUNTER-IRRITATION, 104. By blistering fluid or croton oil liniment behind the ear often relieves earache.
GLYCERINE, 301. For dryness of meatus and as a film to cover the tympanum when ruptured.
STRYCHNIA, 511. Hypodermically.

ECTHYMA.

QUINIA, 545. For mal-nutrition on which the ecthyma depends.

ECZEMA.

ALKALINE LOTION, 149. Weak, often useful in weeping eczema.
ALUM, 206. Applied to check profuse discharge, but usually insufficient to heal of itself.
ARSENIC, 276, 277. In chronic forms, especially of vulva, anus and scrotum. Largest dose five min. of liq. arsenicalis three times a day, never on an empty stomach. For rules to be observed in giving arsenic (see ref.).
BENZOIN, 375. The compound tincture painted on the skin to allay itching.
BISMUTH, 188, 219. Nitrate or carbonate, as dusting powder, but generally greasy applications preferable.
BLISTERS, 104. Especially in eczema of hands, applied around or near the disease.
BORACIC ACID, 162. As ointment or lotion in ecz. vulvæ, and mixed with starch as a dusting powder for infants.
——— ——— 167. A teaspoonful dissolved in a pint of boiling water as a lotion in eczema of the vulva.
BORAX, 165. As glycerine of borax in eczema of ears and scalp.
CAMPHOR, 367. As addition to dusting powders to allay heat and itching.
CARBONATE OF POTASH OR SODA, 164. A weak solution applied when raw surface weeps copiously. (See ref.)
CARBOLIC ACID, 309, 310. In chronic eczema or, better still, liq. carbonas detergens, oil of cade, and oleum rusci. In the weeping stage if inflammation not great ten min. carbolic acid to one oz. of lard, also in eczema capitis. Sometimes tar better than its ointment; on the back of hands undiluted petroleum, but rather painful.
CARBOLIC ACID, 310. Petroleum, cade and carbolic soaps useful.
CAUSTIC POTASH, 165. As liquor potassæ locally in chronic eczema.
CINCHONA, 538. Powdered bark locally to check profuse secretion, probably cheaper preparations of tannin as useful.
COCAINE, 537. A lotion for scrotal eczema.
COD-LIVER OIL, 165. Or glycerine applied at night to obviate brittleness of skin when caustic lotions used.
CYANIDE OF POTASSIUM, 491. Or hydrocianic acid. (See Itching.)
EUCALYPTOL, 378. With iodoform and vaseline. Useful in dry stage.
GLYCERINE, 165, 301. Or, better still, glycerine of starch for rough skin left after eczema.
GLYCERINE OF TANNIN, 304. In most forms.
LEAD, 221. Soluble salts as lotions when much inflammation and copious discharge.

ECZEMA—*continued.*

If great inflammation, surface to be covered constantly with rags soaked in the lotion. In some cases a poultice at night and lotion during the day. A strong lotion best in diffused eczema without weeping but with much itching. A weak alkaline or sulphur bath assists action of lotion. Equal parts of emp. plumb. and linseed oil applied on soft linen twice a day invaluable in sub-acute stage. (See ref.)

LIME, CARBONATE OF, 186. As dusting powder.

LIME-WATER, 186. As sedative and to check discharge. After inflammation subdued lime-water and glycerine a comforting application.

MENTHOL, 375. Ointment.

MERCURY, 234. Citrine ointment, especially when skin healed, very useful when eczema attacks hairy parts of face, sometimes well to mix it with tar ointment.

MILK, 165. With water as local application.

OIL OF CADE, 165. Equal parts soft soap, rectified spirit and oil of cade night and morn.

OILS AND FATS, 290. To prevent irritation from the discharge, generally mixed with oxide of zinc.

Simple oils facilitate the removal of scabs.

PARAFFIN AND VASELINE, 162. For eczema.

PETROLEUM AND VASELINE, 309. For chronic eczema.

POTATO POULTICE, 82. Cold, sprinkled with powder composed of camphor, talc and oxide of zinc, when much inflammation and sensation of heat, or the powder alone may be dusted over surface.

POULTICES, 78. If skin is much inflamed.

SALICYLIC ACID, 546. As lotion.

SILVER NITRATE, 228. To be painted on limited patches, most serviceable after weeping stage.

SOAP, 164. Moist, weeping surface to be washed with soap and water night and morn.

SULPHIDES, 114. As baths, not in acute stage.

SULPHUR, 113. Internally.

TAR, 312. In treacle, pills or capsules, from three to fifteen min. for a dose in chronic eczema.

TURKISH BATH, 72.

VASELINE, 309. When skin dry and hard in chronic eczema.

WARM BATH, 64. Especially in acute stages —rain-water best.

YOLK OF EGG, 165. With water as local application.

ZINC, 252. The ointment of the oxide as a mild stimulating application after inflammation subsided when raw surface indolent.

Oxide and carbonate used as dusting powders, generally greasy applications better. (See p. 186.)

EMETICS, DEPRESSION PROM.

AMMONIA, 181. Combined with other emetics to obviate depression.

EMISSIONS. (*See Spermatorrhœa.*)

EMPHYSEMA. (*See Bronchitis.*)

ARSENIC, 276. For emphysematous persons who on catching cold are troubled with slight wheezing and some dyspnœa. If bronchitis or dyspnœa very severe, lobelia or belladonna better. Arsenic especially useful where this affection can be connected with the recession of a rash.

EMPHYSEMA—*continued.*

CHLORAL, 348. For the shortness of breath brought on in emphysematous persons by catching cold. If obstructed circulation, caution required.

COD-LIVER OIL, 296. Checks degeneration.

CUBEBS, 376. ʒ ss. to ʒj of tinct. thrice daily in linseed tea often cures cough "like a charm."

LOBELIA, 519. Allays the dyspnœa which accompanies capillary bronchitis in emphysema.

PURGING, 561. In obstruction of right heart.

EMPYEMA.

CARBOLIC ACID, 315. A weak solution to be injected after evacuation.

CHLORINE SOLUTION, 122. For washing out cavity.

IODINE, 125. Solution to be injected after tapping.

QUININE SOLUTION, 122. For washing out cavity.

ENERGY, LACK OF.

TURKISH BATHS, 73. Useful to town-dwellers, with soft flabby tissues and mental depression.

ENURESIS. (*See Incontinence of Urine.*)

EPIDIDYMITIS.

OLEATE OF MERCURY AND MORPHIA, 236. Locally.

EPILEPSY.

ARSENIC, 281. Sometimes useful.

BELLADONNA, 477. For method (see ref.).

BROMIDES, 141.

COPPER, 252. The salts have been given.

COUNTER-IRRITATION, 104.

MUSK, 318. Has been given.

NITRITE OF AMYL, 360, 361. As inhalation or in two to five min. doses in mucilage, especially where fits are very frequent.

NITRITE OF SODIUM, 367. In ϑj doses thrice daily.

NITRO-GLYCERINE, 366. In epilepsy and the status epilepticus.

PARALDEHYDE, 350.

SILVER, 231. Nitrate or oxide occasionally given with benefit.

SPINAL ICE-BAG, 86.

VALERIAN, 379. Has been used with occasional advantage.

ZINC, 254. As oxide or sulphate—bromide of potassium better.

EPISTAXIS. (*See Hæmorrhage.*)

ACONITE, 421. Small and frequent doses often quickly check epistaxis in children and plethoric people.

ALUM, 207. May be injected or snuffed up in powder.

COCAINE, 535. Locally in hæmorrhage from nasal mucous membrane.

COMPRESSION OF FACIAL ARTERY, 399.

DIGITALIS, 433. The infusion best.

ERGOT, 524. Hypodermically if urgent in two to five grain doses. May also be given by the stomach.

EPISTAXIS—*continued*

HAMAMELIS, 308. (See Hæmorrhage.)
HOT FOOT-BATH, 65. With or without mustard.
IPECACUANHA, 399.
SPINAL HOT-WATER BAG, 88. To cervical and upper dorsal vertebræ.

ERUCTATIONS, OFFENSIVE.

MINERAL ACIDS, 154. To correct the oxaluria on which the eructations depend.

ERYSIPELAS.

ACONITE, 420. Administered at commencement, often at once cuts short the attack.
Very useful in the erysipelatous inflammation following vaccination—belladonna ointment may likewise be used.
AMMONIUM CARBONATE, 182. In typhoid condition.
BELLADONNA, 479. Internally and externally may be used with aconite.
CARBOLIC ACID, 315. Hypodermically (see ref.).
——— ——— 314. A one per cent. solution on lint frequently renewed relieves pain.
COLLODION, 288. Painted over superficial erysipelas, but this often cracks and is inferior to a solution of nitrate of silver in water or in nitrous ether.
DIGITALIS, 432. Infusion locally.
HOT FOMENTATIONS, 82. When limb extensively affected.
IODINE, 104, 125. Paint affected and circumjacent skin with solution to prevent spreading.
IRON, 211. Tincture locally, especially in vaccinal form.
—— 215. Large doses of perchloride very frequently.
PERMANGANATE, 217. Has been given internally.
SALOL, 551. As dusting powder with talc.
SILVER, NITRATE OF, 229. The skin to be well washed with soap and water, then with water, and to be wiped quite dry—next a solution of eighty grs. of the brittle stick to four drms. of water, to be applied two or three times to inflamed surface, extending two or three inches beyond it.
SULPHUROUS ACID, 160. Equal parts of P.B. acid and glycerine.

EXHAUSTION.

AMMONIA, 182. Internally its influence is but brief.
COCAINE, 536. Internally in nervous exhaustion.
COFFEE, 526, 527. Or tea, both in hot and cold climates.
PHOSPHORUS, 287. For physical and mental exhaustion. Influence questionable.

EXOPHTHALMIC GOITRE. (*See Goitre.*)

EYE, DISEASES OF. (*See Conjunctivitis.*)

ATROPIA, 471. In iritis locally. Hypodermically in glaucoma.
BELLADONNA, 471. Locally and internally in iritis, conjunctivitis, and other inflammations.
BLISTERS, 103. Behind ear or to temple in rheumatic, gouty and simple inflammation—

EYE, DISEASES OF—*continued.*

blistering paper enough. Obstinate forms of tinea tarsia sometimes yield to flying blisters on the temple.
CASTOR OIL, 301. Applied to allay pain from an irritant, as sand.
CHLOROFORM, 329. Vapour of, close to a photophobic eye, relieves.
COCAINE, HYDROCHLORATE, 533. Instillation of a four per cent. solution as local anæsthetic in various operations, sometimes injection required. Discs are a useful form. The mydriatic effect may be neutralized by pilocarpine.
MERCURY, BICHLORIDE OF, 250. Of great service in iritis.
——— AND MORPHIA, OLEATE OF, 236. Outside the eyelids in palpebral conjunctivitis and hordeolum; also in syphilitic iritis.
STRYCHNIA, 511. Hypodermically in muscular asthenopia, ambylopia, tobacco amaurosis, and in progressive nerve atrophy not dependent on intra-cranial disease, also in traumatic amaurosis.

FÆCES, HARDENED.

ENEMATA, 92. A tube may be passed through the mass (see ref.).
EXTRACTION, 92. By finger.

FAINTINGS.

ALCOHOL, 325. As brandy or wine when heart suddenly enfeebled from fright, &c.
AMMONIA, 180. Breathed into the air-passages.
——— 182. Internally.
CHLOROFORM, 330. Internally, but effects more transient than those of alcohol;—often given to hysterical people.
COLD WATER, 46. Sprinkled on face.
POSITION, 325. Patient should lean forward with the head as low as possible between the legs.

FATIGUE.

ACTÆA, 412. For headache from over-study or excessive fatigue.
ARNICA, 59. A few drops of tinct. internally for aching of muscles.
COFFEE, 327. And tea both in hot and cold climates.
COLD WATER, 54. Rubbing with wet towel.
DRIPPING WET COLD SHEET, 56. As a restorative and to prevent aching of muscles.
ETHER, 340. For syncope.
SITZ BATH, 54. At 60° to 80°.

FAVUS. (*See Tinea.*)

FEVER, CHRONIC.

This occurs in Abscess, Ague, Leucocythæmia Phthisis, Rheumatism, Syphilis; see under each heading, also p. 30.

FEVERS, ACUTE.

Condition of pulse, see pp. 6, 19.
Condition of skin, see pp. 19, 20.
Remarks on temperature, with hints as to diagnosis, see pp. 21, 30.
Condition of tongue, see pp. 2, 6.

ACETATE OF AMMONIA, 183. Is a good diaphoretic, and is especially useful in the milder forms, as in common catarrh.

FEVERS, ACUTE—*continued.*

ACID DRINKS, 88. Such as raspberry vinegar, citric, or tartaric acid. (See also p. 151.)
ACONITE, 20. In small often repeated doses while temperature high and skin hot and dry—most successful when no lung complication. Where there is, tartar-emetic better.
—— 416. Has a marvellous power of controlling inflammation and subduing fever.
ALCOHOL, 4. When nervous depression, indicated by dry tongue, delirium, and sleeplessness. When wakefulness is the cause, it is better to try soporifics first.
—— 9. When pulse shows cardiac weakness. Effect on pulse to be watched.
—— 20. May be indicated by profuse sweating at commencement (see ref.).
—— 326. When tongue and skin become moist, the breathing more tranquil, and sleep gained under its use. For rules see ref.
ALKALIES, 176. Citrates and acetates are considered as febrifuge. They possibly eliminate urinary waters.
AMMONIUM CARBONATE, 182. In typhoid conditions of all fevers. Also given through whole course of scarlatina and measles (see ref.).
ANTIMONY, 258. Tartar-emetic wine as a diaphoretic; large doses are given by some to cut short acute specific fevers and inflammations. Ague may sometimes be cured by antimony, and this often assists quinine in curing it. 259. Ipecacuanha and other emetics should be preferred.
—— 260. When much excitement and delirium, tartar-emetic in full, with opium in small doses, but if wakefulness predominates with not very boisterous delirium the antimony to be reduced, and the opium increased.
ANTIPYRINE, 553. To reduce temperature.
ARSENIC, 276. Sometimes given in prostrating acute fevers to strengthen pulse and invigorate patient.
BELLADONNA, 478. In delirium.
BITTERS, 152. As orange-peel or cascarilla mixed with acid drinks to quell thirst.
BLISTERS, 100, 101. Flying, or mustard poultices in the semi-comatose state sometimes following fevers, &c.
CAMPHOR, 369. In adynamic fevers and where there is delirium.
CARBOLIC ACID, 317. Inferior to other antipyretics.
CASTOR OIL, 300. As purgative.
CHLORAL, 346. In violent delirium of typhus.
COLD AFFUSION, 58. At the beginning of acute fevers.
—— 70. Applied gently over forehead for headache.
COLD BATHS, 57, 58. Employed early diminish frequency of pulse, strengthen heart, prevent delirium, produce sleep, lessen risk of bedsores or exhausting suppuration. The only remedy in hyperprexia (see pp. 60, 61).
COLD DOUCHE, 70. In insomnia.
COLD PACKING, 55. In specific fevers and acute inflammatory diseases—especially useful on retrocession of the rash.
CONIUM, 443. Has been recommended as it reduces the frequency of the pulse.
DIGITALIS, 433. Large doses often required to reduce temperature, much used in fevers on the continent, especially recommended in typhoid.
ETHER, 340. For prostration from fever.
EUCALYPTUS, 378. In intermittent, but inferior to quinine.
GLYCERINE, 302. For keeping moist the lips, tongue and gums when dry, and coated with mucus in acute diseases.

FEVERS, ACUTE—*continued.*

HOT AFFUSION, 71. Over forehead for headache, sometimes better than cold.
ICE, 88. To be sucked for allaying thirst.
ICE-BAG, 71 and 83. To forehead for headache.
MUSK, 318. And castoreum have been given in fevers to prevent prostration.
—— 318. With laudanum in acute specific fevers.
MUSTARD, 384. As bath on recession of the rash of an eruptive fever.
NARCOTICS, 4. Chloral, bromide of potassium or opium when nervous depression, indicated by dry tongue or delirium with sleeplessness.
OPIUM, 504. For delirium, either noisy or muttering with picking of bed-clothes. If furious, tartar-emetic should be combined with the opium. Morphia hypodermically is often the best way of administering an opiate. In extreme weakness with sleeplessness, and brown, dry tongue, laudanum helps a patient over the critical stage with less alcohol than would otherwise have been required.
PHENACETIN, 555.
PHOSPHATE OF LIME, 191. In hectic.
QUINIA, 543. Especially in typhoid, but little use as anti-pyretic except in rheumatic fever.
SALICYLIC ACID AND SALICYLATE OF SODA, 548. In large (one drachm) doses every night, or in smaller and more frequent doses, reduce temperature in most febrile diseases, especially in rheumatic fever.
STRYCHNIA, 510. Hypodermically for paralysis after low fevers.
SULPHATE OF MAGNESIA, 200. Or phosphate of soda as purgative (see ref.).
TARTAR EMETIC, 258. Wine as diaphoretic in fevers.
VERATRUM VIRIDE, 401. Has been employed.
WARM BATH OR WARM SPONGING, 63, 64. In simple fever of children.

FISSURE.

BELLADONNA, 470. The extract locally.
BROMIDE OF POTASSIUM, 138. In five parts of glycerine as local application in fissures of rectum.
CASTOR OIL, 300. In fissure of anus.
ICE, 84. As a local application to remove pain after operation.
OPIUM, 500. With gall ointment for fissures of anus. Mild purgatives should be simultaneously employed.
SULPHUR, 112. As a mild purgative to cause soft motions.

FLATULENCE.

ABSTENTION FROM SUGAR AND STARCHY FOOD, 108. Also from tea.
AMMONIA, 181. In alkaline preparations for flatulent distension of stomach and intestines (palliative).
ASSAFŒTIDA, 380. When unconnected with constipation or diarrhœa—useful for children, —one drachm of a mixture of one drachm of the tinct. to half a pint of water.
BISMUTH, 108 and 219. Mixed with charcoal in flatulent dyspepsia.
CALABAR BEAN, 448. At change of life.
CAPSICUM, 387.
CARBOLIC ACID, 316. Most successful when no acidity.
CARLSBAD WATER, 199. Where acidity, constipation and pain at epigastrium, over liver or between shoulders, with sallow complexion and jaundiced conjunctivæ.

FLATULENCE—*continued.*

CHARCOAL, 107. Five or ten grs. soon after meal if wind half-hour or more after, but just before meal if wind formed during or immediately after it. Obviates both wind and acidity.
CHLOROFORM, 330. Drop doses, pure.
ESSENTIAL OILS, 375, 376. Especially of cajeput and cloves, or spirit of horse-radish.
EUCALYPTOL, 378. In change of life.
GLYCERINE, 302. In tea or coffee with food.
HOT-WATER, 91. A tumbler between meals.
IPECACUANHA, 391, 392. When constipation, depression and weight on stomach, especially in pregnancy.
MERCURY, 243. Half a grain three times a day when flatulence accompanied by clayey stools.
NUX VOMICA, 108 and 516. When constipation, heartburn and weight on head.
SULPHO-CARBOLATES, 316. Most successful when no acidity.
SULPHO-CARBOLATE OF SODA, 316. Or carbolic acid in flatulence occurring immediately after meals, also when accompanied by "spasms;" here, however, phosphorus better.
SULPHUROUS ACID, 161. In five to ten min. doses when produced by fermentation.
TURPENTINE OR ASSAFŒTIDA, 91. One or two tablespoonfuls of turpentine well mixed in injection.

FLUSHING HEATS.

BROMIDE OF POTASSIUM, 143. Where mental depression at change of life.
EUCALYPTOL, 366. In change of life.
NITRITE OF AMYL, 363. A tenth to a sixth of a minim in thirty times its volume of rectified spirit.
NUX VOMICA, 507, 508. The tinct. combined with small quantities of laudanum in so-called hysteria of middle-aged people with flatulence, weight on head and perspirations.
VALERIANATE OF ZINC, 379. At change of life. Some prefer valerian or its tincture.

GALL-STONES.

CARLSBAD WATERS, 199. A system required. (See ref.)
CHLORAL, 348. Sometimes relieves the pain.
CHLOROFORM, 339. Internally.
GELSEMIUM, 465. Five drops of the tincture every quarter of an hour. Relief quicker if patient walk about.
PHOSPHATE OF SODA, 200. To prevent formation.
SODA, CARBONATE OF, 465. A teaspoonful in a tumbler or two of hot water.

GANGRENE.

CARBOLIC ACID, 314. Locally.
CHARCOAL, 106. Poultices,—efficacy doubtful.

GASTRALGIA AND GASTRITIS. (*See Stomach, diseases of.*)

GIDDINESS.

COD-LIVER OIL, 296. In giddiness of the aged when no serious brain disease.

GLANDS, ENLARGED.

BLISTERS, 104. Or iodine, 124.
CREOSOTE, 314. Has been employed in diseases of glands.
IODIDE OF POTASSIUM, 130. As ointment.
——————— 135. For mamma and testicle, but especially for thyroid.
IODINE, 126. Tincture injected into gland itself.
MERCURY AND MORPHIA, OLEATE OF, 236. In obstinate and painful tonsilitis and inflammation of lymphatic glands.
SOFT-SOAP, 168. Applications in both scrofulous and non-scrofulous and syphilitic enlargements.
SULPHIDE OF CALCIUM, 116. For hard, swollen glands behind angle of jaw with deep-seated suppuration.

GLAUCOMA. (*See Eye, diseases of.*)

GLEET.

BISMUTH, 220. (See Gonorrhœa.)
BLISTER, 104. To perinæum in obstinate gleet.
CANTHARIDES, 382. Drop doses.
COPAIBA, 376.
COPPER, 253. Solution of the sulphate as injection.
EUCALYPTOL, 366. In chronic catarrh of passage.
GLYCERINE OF TANNIN, 307. With an equal quantity of olive oil or mucilage as injection —two drachms of this mixt. enough. Persevere eight or ten days after discharge ceased, and do not use at bedtime.
IRON, 217. (See Gonorrhœa.)
LEAD, 222. (See Gonorrhœa.)
LIME-WATER, 188. As injection.
OIL OF SANDAL WOOD, 377. Fifteen minims three times a day.
TURPENTINE, 373.
ZINC, 240. Half a grain bichloride of mercury in water.
—— 253. The sulphate or chloride as injection.

GOITRE.

BELLADONNA, 476. Five min. of the tinct. hourly, of great service in exophthalmic goitre.
IODIDE OF POTASSIUM, 135. Internally and externally in hypertrophy of thyroid.
IODINE, 126. Tinct. hypodermically into the gland itself.
——— 124. Liniment applied as often as state of skin will permit.
MERCURY, BINIODIDE OF, 237. As ointment assisted by the sun's rays, remarkably useful in India. (See p. 238.)

GONORRHŒA.

ACONITE, 421. A drop of the tinct. each hour in acute stage.
ALKALIES, 176. As citrates or bicarbonates to make urine alkaline.
AVOIDANCE OF ALCOHOL, 328. Very important.
BISMUTH, 220. Half an ounce with equal weight of glycerine and three ounces water, useful as injection in chronic stage.
BLISTERING, 105. A flying blister every night for gonorrhœal rheumatism.
CANNABIS INDICA, 522. Occasionally useful.
CANTHARIDES, 382. Drop doses.

GONORRHŒA—*continued.*

COCAINE, 536. Injection of a few drops of two per cent. solution. (See ref.)
Tampons soaked in cocaine relieve pain of blenorrhœa.
COPAIBA, 376. Best in chronic form.
COPPER, SULPHATE OF, 253. Solutions are employed as injections.
CUBEBS, 376. In large doses at commencement.
GLYCERINE OF TANNIN, 307. One drachm with equal quantity of olive oil or mucilage, as injection in after stages. Persevere eight or ten days after discharge ceased. Do not use any urethral injection at bedtime.
IRON, 217. Tinct. perchlor. half a drachm, tinct. opii one drachm to a pint of water as injection, or ferr. sulph. gr. xii, tinct. opii half oz. to eight ozs. of water to be used three times a day.
LEAD, 222. As injection sometimes employed.
OIL OF SANDAL WOOD, 377. Fifteen min. three times a day in acute and chronic gonorrhœa.
SILVER, NITRATE OF, 232. An injection of twenty grs. to the oz. said to cut short the attack—or one of one or two grs. to the oz. may be used several times a day.
Probably tannin is better both for gonorrhœa and gleet.
SULPHO-CARBOLATE OF ZINC, 318. Twenty grs. to eight ozs. of water as injection two or three times a day.
TURPENTINE, 373.
ZINC, 253. A grain or two of chloride in a pint of water injected hourly, often removes the disease in twenty-four to forty-eight hours if used at the commencement. Rest should be observed if possible. If the frequent injection causes pain in testicles, suspend them in hot water and foment them frequently—if notwithstanding, the pain and swelling increase, use injection less often.

GOUT.

ACONITE, 420. For gouty pains.
ALKALINE POULTICE, 83. Nine parts linseed meal to one bicarbonate of soda.
ANTIPYRINE, 553. Hypodermically in acute gout.
BLISTERS, 105. A flying blister every night in chronic or subacute gout.
BRINE BATHS, 65. At Droitwich very useful. Also brine baths at home.
CARBONATE OF LITHIA, 167, 168. Five grs. to the oz. on lint applied round gouty enlargements and joints, especially if skin broken.
CARLSBAD WATERS, 199. A system required. (See ref.)
CITRATE OF LITHIA OR OF POTASH, 168. Used in same way as the carbonate of lithia when skin broken.
COD-LIVER OIL, 296. In chronic gout.
COLCHICUM, 406. A drachm of the wine often removes the severest pain in an hour or two.
Useful in bronchitis, asthma, urticaria, dyspepsia, &c., occurring in gouty persons.
COLLODION, 289. The contractile variety with or without iodine, painted over inflamed part in acute gout, soon relieves the pain. Too many coats must not be applied.
GUAIACUM, 411. Has been used.
IODIDE OF POTASSIUM, 135. Especially when pain worse at night.
IODINE, 123. Painted round joints in chronic gout.
IODOFORM, 342.

GOUT—*continued.*

OIL OF PEPPERMINT, 374. To be painted on painful part.
PACKING, 55.
STRYCHNIA, 510. Hypodermically for later stages of gout paralysis.
SULPHIDES, 114. As baths in chronic gout.
SULPHUROUS ACID, 160. After fumigation, patient to be covered with bed-clothes which have been exposed to strong fumes, this produces perspiration, sleep and relief.
TURKISH BATHS, 74. In subacute and chronic gout.
Hot followed by cold sponging may be useful as a substitute.
VERATRIA, 403. A strong ointment to painful joints at onset.

HAY FEVER. (*See Coryza.*)

HÆMATEMESIS. (*See Hæmorrhage.*)

ALUM, 208. Other astringents better.
ERGOT, 524. (See Hæmorrhage.)
HAMAMELIS, 300. (See Hæmorrhage.)
ICE, 83, 84. To be sucked.
IRON, 212. The astringent preparation.
LEAD, 222. Soluble compounds sometimes used.
SULPHURIC ACID, 155. Other astringents surer.
TANNIN OR GALLIC ACID, 306.
TURPENTINE, 371. In five to ten drop doses very frequently.

HÆMATURIA.

CAMPHOR, 381. Two to five grains when bloody, coagulable urine due to oil of mustard, turpentine, copaiba, or cantharides.
CANNABIS INDICA, 522. Said to relieve dysuria and strangury. Bloody urine considered by some to be a special indication for its use.
HAMAMELIS, 308.
QUINIA, 545. Useful in some cases of intermittent hæmaturia.
TANNIN OR GALLIC ACID, 306.
TURPENTINE, 372. In very small doses.

HÆMOPTYSIS. (*See Hæmorrhage.*)

COMMON SALT, 195. Half a teaspoonful taken dry and repeated occasionally, till nausea induced.
DIGITALIS, 433. The infusion in large doses very useful.
ERGOT, 524. Thirty or forty min. of the liquid ext. every three or four hours or hourly in severe cases. Ergotine should be used hypodermically in very urgent hæmorrhage, in two to five gr. doses.
HAMAMELIS, 308. (See Hæmorrhage.)
ICE, 84. To be sucked.
IPECACUANHA, 399.
IRON, 216. The acetate. (See Hæmorrhage.)
MORPHIA, 497. Small doses hypodermically have been employed successfully.
SPINAL HOT-WATER BAG, 88. To cervical and upper dorsal vertebræ.
SULPHURIC ACID, 157. Supposed to be useful.
TANNIN OR GALLIC ACID, 306.
TURPENTINE, 372. In drachm doses every three hours. This may, however, cause unpleasant symptoms.

HÆMORRHAGE.

ACIDS, 151, *e.g.* Diluted vinegar to leech bites, piles, cuts, &c.

ALCOHOL, 325. Brandy or wine when heart suddenly enfeebled by hæmorrhage.

ALUM, 207. In slight hæmorrhages, as leech bites or piles, it may be dusted on after wiping dry.

——— 208. Will often check bleeding from stomach; other astringents better.

BLOOD, 573. Fresh for prostration.

COPPER, SULPHATE OF, 250. In stick, solution, or ointment, to arrest bleeding from small vessels.

CREASOTE, 314. Or carbolic acid.

DIGITALIS, 433. The infusion best—large doses may be needed.

ERGOT, 524. Most valuable for hæmoptysis, epistaxis, hæmatemesis and intestinal hæmorrhage in typhoid fever. In urgent cases ergotine should be administered hypodermically in from two to five gr. doses. In less urgent cases it may be given by the stomach.

ETHER, 341. Hypodermically in heart failure from hæmorrhage.

HAMAMELIS, 308. In hæmoptysis, hæmatemesis, hæmaturia, epistaxis, bleeding piles, varicocele, and the oozing of blood persisting after a confinement. Dose, one or two minims of the tincture every two or three hours.

ICE, 84. In hæmorrhage generally, when from stomach small pieces to be swallowed.

IPECACUANHA, 399. In flooding after delivery.

IRON, 210. The sulphate and ferric chloride solid or in solution. The chloride controls bleeding from small vessels, but irritates the surface of wounds and prevents union by first intention, which carbolic acid does not.

—— 211. Spray of subsulphate or insufflation of powdered sulphate in bleeding from nose or lungs.

—— 212. Astringent preparations in hæmorrhage of stomach.

—— 216. In hæmorrhage from lungs and kidneys the acetate is best; add sufficient to water to make it taste, but not disagreeably, and let patient constantly sip this.

—— 216. Injection of perchloride in post-partum hæmorrhage.

LEAD, 221. The liquor may be used to check hæmorrhage from small vessels; other astringents better.

OPIUM, 508. Tr. of opium in a large dose (one drachm) with brandy in profuse flooding after parturition.

QUINIA, 545. In passive bleeding.

SALINE TRANSFUSION, 189.

SILVER, NITRATE OF, 228. Bleeding leech bites may be touched with a stick of caustic.

SPINAL HOT-WATER BAG, 88. Apply to cervical and upper dorsal vertebræ for epistaxis or hæmoptysis.

SULPHURIC ACID, 155. In bleeding from stomach.

———————— 157. Supposed to check hæmorrhage from lungs or womb.

TANNIN, 306. In hæmorrhage from stomach, lungs, uterus and kidneys.

TRANSFUSION, 189. Of saline fluid.

———————— 573. Of defibrinated blood.

TURPENTINE, 372. A drachm every three hours when from lungs, nose, uterus or bladder. If from kidneys much smaller quantities must be given.

Reported to be useful in hæmorrhagic diathesis.

HÆMORRHAGE, POST-PARTUM.

COMPRESSION OF AORTA, 399. Might possibly be of service.

ICE, 83. Pushed into uterus or rectum.

IPECACUANHA, 399. Large doses recommended.

IRON, 216. Perchloride, diluted, as injection.

MECHANICAL EXCITATION OF VOMITING, 399.

OPIUM, 508. ʒj with brandy when much exhaustion of uterus.

HÆMORRHOIDS. (*See Piles.*)

HEADACHE. (*See Sick Headache.*)

ACTÆA RACEMOSA, 412. In nervous or hysterical women, especially when it occurs at the menstrual period; also when from overstudy or fatigue.

AMMONIA, 180. (See Change of Life.)

ARSENIC, 281. For throbbing pain in one brow.

BELLADONNA, 478. When pain over brows and in eyeballs—often due to stomach or uterine derangements—met with especially in young women. Three minims of the tincture every three hours.

BITARTRATE OF POTASH, 199. Sulphate of soda, and tartrate of potash and soda control headache.

BROMIDE OF POTASSIUM, 144. A large dose in nervous or sick headaches.

CAMPHOR, 368. A saturated solution in eau de Cologne rubbed on the head in headache of uterine origin.

CHLORIDE OF AMMONIUM, 194. When due to menorrhagia or amenorrhœa.

CITRATE OF CAFFEINE, 529. For sick headache.

COLD AFFUSION, 70. Water poured gently over forehead, sometimes warm affusion better.

ETHER SPRAY, 85. For frontal headaches after acute illness or fatigue.

FRIEDRICHSHALL WATER, 197. A wineglassful in a breakfast-cupful of hot water in bilious sick headache.

HOT SPONGING, 65. To face, temples, and neck in influenza, catarrh, &c.

HOT WATER, 65. To feet and legs.

ICE-BAG, 83. To head.

MERCURY, 249. As blue pill for sick headache.

———— 250. A 100th of a grain of bichloride three times a day when sick headache accompanied by light-coloured diarrhœa. (See also p. 3.)

MUSTARD, 385. In a hot foot-bath, or as poultice or "mustard leaf" to nape of neck in various forms of headache.

PARALDEHIDE, 351. In cerebral tumours.

PODOPHYLLUM, 409. In nervous headaches near the menstrual periods with constipation and dark stools. Purgative doses often give relief. (See also p. 3.)

SALICYLATE OF SODA, 550. Useful in 15—20 gr. doses.

SITZ-BATH, 54. At 60° to 80°.

TEA, 527. And coffee in headaches from nervousness or exhaustion.

VERATRUM VIRIDE, 401. Tincture in the congestive headache at the menstrual period.

ZINC, OXIDE OF, 255. In two to five grain doses for nervous headache. Bismuth also useful.

HEART, DISEASES OF. (*See Angina Pectoris.*)

ACONITE, 416. When violent throbbing and extreme pain in pericarditis.

HEART, DISEASES OF—*continued.*

ADONIDIN, 438. Similar to digitalis—useful in mitral disease.

ALCOHOL, 325. Brandy or wine when heart suddenly enfeebled by fright, loss of blood, accident, &c.

ARSENIC, 276. For breathlessness on exertion from weakly-acting heart.

BLISTERS, 101. Flying, over præcordial region to stimulate the action of the heart in extreme weakness.

COCAINE, 563. In palpitation of dilated atonic heart.

COD-LIVER OIL, 295. In chronic inflammation.

———— 296. With quinine, for giddiness due to weak heart in the aged.

CONVALLARIA, 435. Somewhat similar in action to digitalis.

DIGITALIS, 424. Of eminent service where dropsy, dyspnœa, livid face, frequent irregular pulse and dilatation of left ventricle. The freshly-made infusion best. These cases require alcohol—gin best.

———— 427. Where much dilatation and hypertrophy of left ventricle without valvular disease. It is not contra-indicated when aortic disease.

———— 427. Where, though the heart beats tumultuously and strongly, the pulse is weak and dyspnœa great.

———— 426. Irregularity of pulse best indication for digitalis.

———— 428, 429. A slight palpitation much increased by catching cold often cured by digitalis—sometimes aconite better.

———— 428. Da Costa strongly recommends digitalis for "irritable heart." (See ref.)

———— 429-430. Very useful in pure hypertrophy due to valvular disease or excessive muscular exertion. Also in aortic regurgitant disease when compensatory hypertrophy excessive. 430. Two to five minims of the tincture enough—aconite often better.

ELATERIUM, 556. In dropsy. Caution needful.

ETHER, 341. Hypodermically in heart failure (see ref.).

MORPHIA, 495 and 496. Hypodermically for dyspnœa of disease of heart and large vessels and of intrathoracic tumours. More useful in mitral than in aortic disease.

NITRITE OF AMYL, 359. In cardiac dyspnœa due to hypertrophied and dilated heart; also in syncope.

POULTICES, 78. Large, hot, and frequently renewed, in pericarditis.

PURGING, 561. With jalap, &c., in engorgement of right side of heart from emphysema and bronchitis, mitral obstructive or regurgitant disease. Where severe headache and pain at epigastrium, bleeding gives instant ease.

In persistent tricuspid regurgitation from permanent distension of the right heart; purgatives only useful when an attack of bronchitis causes an exacerbation, 562.

SPARTEINE, 437.

STRYCHNIA, 515. In medicinal doses it is said to strengthen the heart beats.

STROPHANTHUS, 437.

VERATRIA, 403. As ointment to chest when rapid irregular pulse, hurried breathing, much lividity and dropsy, palpitation and inability to lie down.

HEARTBURN. (*See Stomach, Diseases of.*)

HERNIA.

CHLOROFORM, 338. Inhalation to assist reduction.

HERPES.

ACETIC ACID, 150. Applied to a patch of herpes circinnatus to cut it short.

BLISTERS, 103. For obstinate neuralgia following shingles.

COLLODION, 288. Painted over patches before vesicles developed, but inferior to nitrate of silver.

HOT FOMENTATIONS, 77. Will often disperse or restrict development of herpes labialis.

IODINE, 125. Liniment once applied enough for herpes circinnatus.

MORPHIA, OLEATE OF, 237. Locally without friction in herpes zoster.

SIVER, NITRATR OF, 228. To be painted on the warning patch of erythema, before or as soon as the vesicles begin to form.

VERATRIA, 404. The ointment, one scruple to two scruples to the ounce in neuralgia following shingles.

HICCUP.

APOMORPHIA, 400.

CAMPHOR, 369.

CHLOROFORM, 331. Often combined with opium.

MORPHIA, 496. Hypodermically often arrests persistent hiccup.

MUSTARD, 385. A drachm infused in four ounces of boiling water has cured most obstinate cases.

NITRO-GLYCERINE, 366. Sometimes cures.

HOARSENESS.

ALUM, 208. Ten grains to one ounce of water in chronic coughs and hoarseness as spray.

BORAX, 168. A piece the size of a pea allowed to dissolve in the mouth.

GLYCERINE OF TANNIN, 305. Locally in chronic inflammation of the throat.

IPECACUANHA WINE, 398. As spray when congestion of vocal cords.

SULPHUROUS ACID, 160. Inhalation, spray, or fumigation, in clergymen's hoarseness.

TURKISH BATH, 78. At commencement of a feverish cold will often cut it short, together with the accompanying hoarseness.

HORDEOLUM.

MERCURY AND MORPHIA, OLEATE OF, 236. The 20 per cent. ointment with lard outside the eyelid.

HYDROCEPHALUS.

CROTON OIL, 301. Said to remove fluid from ventricles.

HYDROCELE.

IODINE, 125. Tincture to inject into cavity after paracentesis.

TINCTURE, 125. To inject.

HYDROTHORAX. (*See Pleurisy.*)

PILOCARPINE, 455. Probably useful in removing effusion.

Hyperæsthesia.

Bromide of potassium 143, 144, 147.

Hypochondriasis.

Bromide of potassium, 143. Where great despondency amongst males but especially amongst female subjects who live in towns.

Hysteria.

Aconite, 421. For "fluttering of the heart" in nervous persons.
Actæa, 412. For headache.
Alcohol, 324. With plenty of volatile ether;—care must be taken that it does not lead to tippling.
Apomorphia, 400.
Assafœtida, 380.
Bromide of potassium, 146. Gives control and prevents paroxysms. When verging on nymphomania large doses required.
Cannabis indica, 522. In some cases.
Chloroform, 330, 331. Often combined with opium.
Cod-liver oil, 296. In middle-aged people with dyspepsia or "craving" at epigastrium.
Iron, 215. A course often useful, especially when anæmia or uterine obstructions.
Morphia, 506. Hypodermically when flitting neuralgia with great depression.
Musk, 518. Has been given.
Nux vomica, 516. The tincture, especially when combined with small quantities of laudanum, of great use in the so-called hysteria of middle-aged people, with flatulence, weight on head, flushings and hot and cold perspirations.
Opium, 507, 508. A drop of laudanum with two of the tr. of nux vomica three or four times a day for weight on head with flushings, perspirations, depression, &c.
Paraldehide, 351. As hypnotic dose, 30 to 50 min.
Phosphorus, 287. In hysterical paralysis.
Valerianate of zinc, 379. Especially at the change of life.
Volatile oils, 376.
Zinc, 255. Especially the valerianate in some forms of hysteria.

Ichthyosis.

Warm bath, 64.

Impetigo.

Glycerine of tannin, 303.
Oils, 290. To facilitate removal of scabs.
Poultices, 304. At night, to remove scabs.
Quinia, 545.
Sulphate of copper, 251.
Sulphur, 113. Internally.
Zinc, 253. The ointment of the oxide after inflammation subsided, when raw surface indolent; oxide and carbonate used as dusting powders, but greasy applications generally better.

Impotence.

Cantharides, 383. In large doses (twenty or thirty drops of the tinct. or half a grain of the powder) with iron and phosphoric acid or nux vomica.
Strychnia, 516. Sometimes useful in large doses when spermatorrhœa.

Incontinence of urine.

Belladonna, 478, 479. The best remedy for children—ten to twenty drops of the tinct. three times a day. If unsuccessful, and no worms or other irritation exist, try strychnia, cantharides, turpentine, santonine, or galvanism.

N.B. The child should drink but little some hours before going to bed, and should be waked in the middle of the night to pass water.

Cantharides, 382, 383. One or two drops of the tinct. three or four times a day in middle-aged women or the aged, even when due to paralysis; sometimes also in children, but for them belladonna is generally better.
Chloral, 348. In children.
Collodion, 289. Painted to form a cap over end of prepuce.
Ergot, 525. Said to be useful.
Iron, 216. Sometimes useful even when no worms.
Nitrate of potash, 204. Has been recommended for children.
Strychnia, 516. Sometimes useful for old people with paralysis of the bladder; also for the incontinence of children.

Indigestion. (*See Dyspepsia.*)

Inflammation.

Aconite, 416. Gives most brilliant results when inflammation not very extensive or severe, as in catarrh of children, tonsillitis and acute sore throat. In the graver inflammations, as pneumonia, pleurisy, &c., the effects are equally manifest though less rapid, 418. In pericarditis, with violent throbbing and extreme pain, aconite will quiet the undue action and relieve the pain, 420. It has a beneficial influence in acute specific fevers; it is of marked service in erysipelas and the inflammation sometimes following vaccination. It is also of use in acute rheumatism, otitis, and gonorrhœa.
Antimony, 259. Should be given at the beginning a quarter to half a grain every two or three hours, or a lesser proportionate dose every hour; useful in tonsillitis, pleurisy, orchitis, bronchitis, puerperal peritonitis, inflammation of breast, whitlow, &c.
Atropia, 471. In inflammations of eye.
Belladonna, 471.
Cod-liver oil, 295. In many chronic inflammations, as of the heart, lungs and kidneys.
Digitalis, 432. Large doses asserted to be capable of subduing acute inflammations, if used at the commencement. (Aconite much safer and better.)

Fomentations of a small teaspoonful of the leaves in half a pint of boiling water said to be valuable for acute inflammation of joints and of the breast, and for erysipelas. (P. 432.)

Eucalyptol, 378. In chronic inflammation of bladder.
Fomentations, 77.
Ice, 83. In very small pieces in a bladder applied to inflamed part.
Iodine, 125. The liniment in the neighbourhood of local inflammation so as to produce vesication.
Menthol, solution of, 375. Painted several times a day over inflamed tissue of boils and carbuncles.

Also for excessive inflammation after vaccination.

INFLAMMATION—*continued.*

MERCURY, 250. Bichloride in iritis, and inflammations of deep-seated parts of eye and in other inflammations, especially those of serous membranes.
NITRATES, 204. Opinions concerning the efficacy of these in acute inflammation discrepant.
OPIUM, 493. Poultices containing laudanum allay pain in superficial and deep-seated inflammation. Morphia injections sometimes needed in pleurisy, pneumonia, &c. An extract of opium has been recommended as a local application for carbuncles and boils (see p. 497). Opium wine of the 1864 Pharmacopœia, which contains no spices, is very useful in the pain of conjunctivitis dropped into the eye. Opium mixed with tannin or creasote may be introduced into the hollow of a painful tooth if the pain is produced by inflammation of exposed pulp.
PACKING, 55. In acute inflammatory diseases.
POULTICES, 77. To check formation of pus or assist in maturation.
SULPHIDES, 116, 117. In boils, abscesses, and deep-seated suppuration.

INFLUENZA.

CUBEBS, 376. ʒ ss. to ʒj of tinct. in linseed tea for subsequent cough,
HOT SPONGING, 65. For headache.
SULPHUROUS ACID, 160. Fumigation or inhalation. (See ref.)

INGROWING TOENAIL.

LIQUOR POTASSÆ, 166. Diluted, constantly applied on cotton-wool.

INSOMNIA. (*See Sleeplessness.*)

COLD DOUCHE, 70. A large sponge, soaked with cold water, iced if possible, is dashed against the head, face, and chest several times. The skin is then rubbed dry with a towel.
PARALDEHIDE, 351. Dose 30-50 min. Much less action on heart than chloral. Useful as hypnotic in mania and hysteria.

INTERMITTENT FEVER. (*See Ague.*)

INTERTRIGO.

BISMUTH, 219. Nitrate or carbonate, as dusting powder.
CAMPHOR, 367. As addition to dusting powders, to allay heat and itching.
CARBONATE OF LIME, 186. Or oxide of zinc or bismuth sometimes useful as dusting powder. More often greasy applications better.
GLYCERINE OF TANNIN, 305. Sometimes useful.
LIME-WATER, 188. To prevent irritating urine.
SOAP, 165. Free ablution with, when caused by acid secretions, smear afterwards with greasy application.

IODISM.

ARSENIC, 133. Combined with iodide mixtures will modify or prevent skin eruptions.

IRITIS. (*See Eye, diseases of.*)

IRRITABILITY.

CHLORAL, 347. Five grains two or three times a day in irritability with nervousness and restlessness.
SITZ-BATH, 54. At 60° to 80°.

ITCH.

ALKALIES, 164. As soap or ointment to remove cuticle and break up burrows.
BAKING OF CLOTHES, 159. Must not be forgotten.
IODIDE OF POTASSIUM, 130. As ointment.
STORAX, 375.
SULPHUR, 109, 110. Ung. sulph. after bath. (See ref.)
SULPHUR AND LIME, 114.
SULPHUROUS ACID, 159. As gaseous bath. This is the quickest method.

ITCHING. (*See Pruritus.*)

JAUNDICE. (*See Liver, diseases of.*)

MERCURY, 243, 244. In attacks of jaundice lasting three or four days accompanied by depression and preceded by sickness and coated tongue, one-sixth or one-third of a grain of grey powder taken at the onset and repeated three or four times a day very valuable. If obstinate constipation, a course of Carlsbad waters sometimes more efficacious.
PHOSPHATE OF SODA, 200. In catarrhal form.

JOINTS, DISEASES OF.

ACONITE, 420. For pains in inflamed joints.
ARSENIC, 282. Often serviceable in rheumatoid arthritis, and nodosity of joints. Large doses long continued necessary. Action capricious, sometimes useless, at others remarkably good.
COD-LIVER OIL, 295. When strumous.
COLD DOUCHE, 71. For stiffness.
DIGITALIS, 432. As fomentations. (See Inflammation.)
GALVANISM, 75. For stiffness.
IODINE, 125. Solution injected into white swellings.
MERCURY, 235. Locally applied, as Scott's ointment, in chronic inflammation of knee—better still as oleate of mercury.
SALICYLATE OF SODA, 549. Locally, relieves inflamed joints.
TURKISH BATH, 75. For stiffness.

KIDNEYS, EXCESSIVE ACTION OF.

SPINAL ICE-BAG, 86.

LACTATION, EXCESSIVE.

ALCOHOL, 328. As stout often useful—not always.
BELLADONNA, 466. Internally or externally or both.
QUINIA, 545. Has been recommended.
TOBACCO, 439. With lard externally said to arrest secretion of milk.

Laryngismus stridulus.

Bromide of potassium, 139. When uncomplicated except with convulsions.
Cod-liver oil, 296.
Cold sponging, 66. Twice or thrice daily—sometimes immediately successful—prevents convulsions. Take care no laryngitis.
Cold water dashed in face, 67. Often arrests paroxysm.
Lancing gums, 67, 68. If swollen, red and hot, may require repetition.
Lobelia, 520. Has been employed.
Spinal ice-bag, 86.
Worms, removal of, 67, 68. Treat faulty state of mucous membrane.

Larynx, diseases of.

Aconite, 416. In spasmodic laryngitis or catarrhal croup very valuable.
Caffeine, 529. As anæsthetic.
Cocaine, 534. A 20 per cent. solution locally. As anæsthetic for examinations and operations.
Silver, nitrate of, 230. Powdered or in solution to chronically inflamed larynx, as in phthisis.
Sulphurous acid, 169. Inhalation, spray, or fumigation.

Lead colic. (*See Poisoning by Lead.*)

Lead poisoning. (*See Poisoning.*)

Lepra. (*See Psoriasis.*)

Leucorrhœa.

Alkalies, 149. A weak injection when excessive secretion from glands of os.
Alum, 210. A drachm to a pint of water as injection. (See p. 166.)
Belladonna, 470. With tannin as bolus where neuralgia or ulceration of os.
When disease due to over-secretion of mucous glands about the os, and much pain present, inject sodæ bicarb. one drachm, tinct. bellad. two ounces, aq. one pint. (See ref.)
Bicarbonate of potash or soda, 166. One drachm to a pint of water as an injection, especially when discharge alkaline and copious. (See ref.)
Boracic acid, 166. As lotion.
Carbolic acid, 318. Diluted as injection for vaginal leucorrhœa.
Cold sponging, 69.
Copper, 252. Solutions of the sulphate as injections.
Ergot, 525. Said to be useful in some cases.
Iron, 216. Internally.
Lead, 222. As injections.
Lime-water, 186. As injection.
Phosphate of lime, 191.
Spinal ice-bag, 86.
Tannin, 470. As injection. If os ulcerated a suppository of tannin and cocoa-nut fat to mouth of uterus.
Zinc, sulphate of, 253. Sometimes added to alum injections.

Lice.

Essential oils, 374. (For formulæ, see ref.)
Mercury, 233. Nitrate of mercury ointment or corrosive sublimate wash for lice on all parts of the body.

Lice—*continued.*

The body louse may be killed by essential oils, as rosemary, or by powdered pyrethrum, or by ointment of staphisagria.
The under-linen should always be boiled.
Mercury, 236. The oleate destroys lice immediately, and simultaneously kills the ova.

Lichen.

Alkalies, 164. (See Pruritus.)
Arsenic, 277. Sometimes useful.
Cantharides, 381. Internally.
Chloroform, 329. As ointment to allay itching.
Cyanide of potassium, 491. Or hydrocyanic acid. (See Itching.)
Mercury, 234. Calomel and nitrate of merc. oint. may be mixed, and tar oint. is sometimes added in patches of obstinate lichen, especially of the hands, even when not syphilitic.
Silver, nitrate of, 228. The nitrous ether solution to be painted every day or second day on a patch of lichen the size of the palm with excessive irritation.
Sulphides, 114. As baths.
Warm bath, 64.

Liver, diseases of.

Euonymus, 563. As hepatic stimulant—probably inferior to mercury and podophyllum.
Nitric acid, 155. In long-standing diseases, as congestion and cirrhosis, will augment flow of bile after liver has struck work from excessive use of mercury.
Phosphate of soda, 200. 10 gr. doses in milk for children passing pasty white stools.
Sulphates, 200. In purgative natural waters—small doses oft repeated—sulphate of potash occasionally poisonous.

Locomotor ataxy.

Antipyrine, 553. For pains.
Calabar bean, 448. Has proved very beneficial.

Loins, pains in.

Lead, 222. As plaster, when pain due to weakness, better than a pitch plaster.
Also useful when pain due to uterine disease or piles.

Lumbago.

Actæa racemosa, 411. Said to subdue lumbago more effectually than any other remedy.
Acupuncture, 96, 97. Succeeds best when loin muscles of both sides affected, pain being most severe on to-and-fro movement. Needle to be run an inch or more over seat of greatest pain on each side. Sometimes on withdrawal cure is complete. When sciatica associated with it, lumbago hard to cure. Acupuncture useless when high fever, or when acute rheumatism is commencing.
Belladonna, 466. As plaster very valuable for persistent remains affecting a small spot.
Capsicum, 386. A strong infusion applied on lint.
Ether spray, 85. Locally applied as freezing mixture.

LUMBAGO—*continued.*

FARADIZATION, 96. Almost as successful as acupuncture.
GALVANISM, 79, 85. Highly useful.
GUIACUM, 411.
HOT FLAT IRON, 96. The back to be ironed, a pice of brown paper intervening.
ICE AND SALT, 84. Locally applied as freezing mixture.
IODIDE OF POTASSIUM, 135.
MORPHIA, 495. Hypodermically injected, often successful at once.
NITRATE OF POTASH, 204. Ten grains hourly or every two hours when urine scanty and high-coloured, becoming turbid on cooling.
PLASTER OF LEAD OR PITCH, 97. Applied after cure effected.
POULTICES, 79. Very hot. Should be continued for three hours, then the skin covered with flannel and oiled silk.
SALOL, 551. 10 to 15 grs. hourly.
THERMIC HAMMER, 96.
TURKISH BATH, 75.
TURPENTINE, 372. In twenty-drop doses.
VERATRUM VIRIDE, 401. As tincture, said to be useful.

LUNGS, HYPOSTATIC CONGESTION OF.

BLISTERS, 101. Flying blisters to chest and perhaps along pneumogastric nerves.

LUPUS.

ARSENIC, 262. Arsenious acid as a caustic.
BLISTERS, 104. In erythematous lupus.
CREASOTE, 314.
IODINE, 124. As tincture or liniment to edges and around.
LEAD, 221. Liq. plumbi with one or two parts glycerine, applied warm after crusts removed in milder forms.
MERCURY, 238. Ointments in erythematous lupus—calomel oint. in scrofulous and tubercular lupus of children.
Acid nitrate for touching summit of tubercle; if application painful, cover spots with collodion.
SILVER, NITRATE OF, 229. A weak solution gradually strenghthened in superficial kinds of lupus.
ZINC, 253. Chloride, iodide and nitrate locally.

MALARIA. (*See Ague.*)

IODINE, 127.
QUINIA, 542, 543. And allied alkaloids (see Ague), also for neuralgia dependent on malarial poison.
TURKISH BATH, 73, 74. The cautious use of for those suffering from various diseases caused by long residence in a tropical climate.

MAMMARY ABSCESS.

BELLADONNA, 466. (See Breasts, inflammation of.)
MERCURY AND MORPHIA, OLEATE OF, 236. Locally.
SULPHIDE OF CALCIUM, 117. Internally—occasionally the pain is temporarily increased.
TOBACCO, 437. The leaves as a poultice.

MANIA, ACUTE.

ACTÆA, 412. After confinement or during pregnancy.
BROMIDE OF POTASSIUM, 145.
CANNABIS INDICA, 522. A drachm of the tinct. with a drachm of bromide of potassium.
CHLORAL, 346. In acute and puerperal mania.
COLD DOUCHE, 70. In maniacal delirium—place patient in a warm bath during the application.
CROTON OIL, 300. As a purgative—a quarter or third of a minim every hour.
GELESEMIUM, 465. When sleeplessness.
HYOSCYAMIA, 487. In violent intermittent forms.
HYOSCYAMUS, 487. To produce sleep and calm violent delirium.
MORPHIA, 495. Hypodermically to induce sleep.
OPIUM, 505. Many cases may be satisfactorily treated with opium and tartar-emetic.
PARALDEHIDE, 351. Dose 30-50 min. as hypnotic.

MEASLES.

ACONITE, 419. To moderate the catarrh and bronchitis.
CARBONATE OF AMMONIUM, 182. In three or five grain doses, every two or three hours
COLD AFFUSION, 69. At commencement.
FAT, 291. Hands and feet to be rubbed with a firm fat to remove heat and tightness produced by rash.
IODINE, 126. Tinct. inhal. for hoarseness and wheezing.
MUSTARD, 384. As bath on sudden retrocession of rash.
PACKING, 55. Especially on retrocession of rash.
PURGATIVES, 211. Must be given with caution.
VERATRUM VIRIDE, 401. Has been employed.

MEGRIM AND MIGRAINE. (*See Sick Headache.*)

MELANCHOLIA.

BROMIDE OF POTASSIUM, 143. For townspeople, especially women, with unendurable despondency.
CAMPHOR, 369.
MORPHIA, 497. Hypodermically useful in patients with a peculiar idiosyncrasy.
MUSK, 318. Also castoreum.
PHOSPHORUS, 287.

MENIÈRE'S DISEASE. (*See Vertigo, Aural.*)

MENINGITIS.

ANTIMONY, 256. Tartar-emetic ointment as counter-irritant to scalp in tubercular meningitis.
BROMIDE OF POTASSIUM, 142. In the convulsions after simple meningitis.
CROTON OIL, 301. Internally in hydrocephalus supposed to remove excess of fluid.
ICE, 83. In a bag as a cap

Menorrhagia.

Actæa, 412. For headache accompanying profuse menstruation.
Bromide of potassium, 146. Most useful in young women; if loss only at natural period commence bromide a week before, and discontinue when it has ceased till a week before next time.
If loss occur every two or three weeks, give bromide continuously—ten gr. dose, but more when organic changes in womb.
Cannabis indica, 522. Very useful.
Chloride of ammonium, 194. For headaches.
Digitalis, 433. Permanently efficacious when no organic disease, often temporarily so when there is.
Ergot, 525. Of great use in all forms, even when the hæmorrhage proceeds from tumours.
Hamamelis, 308. Or hazeline.
Lemons, 158. Sucking—a domestic remedy.
Oil of Cinnamon, 376. Drachm doses.
Phosphate of lime, 191. In anæmia from excessive menstruation.
Quinia, 545. Has been recommended.
Spinal hot-water bag, 88. To lower dorsal and lumbar vertebræ.
Tannin and gallic acid, 306.

Menstruation, disorders of. (*See Amenorrhœa and Menorrhagia.*)

Micturition, frequent. (*See Incontinence of Urine.*)

Cantharides, 382. In women who micturate too frequently or involuntarily on coughing from weakness of sphincter. One or two drop doses.

Micturition, painful.

Alkalies, 171. When caused by uric acid in spicular crystals in young male children. The citrates are best suited for this
Camphor, 370.
Cannabis indica, 522. Said to relieve dysuria and strangury; bloody urine said to be a special indication for this.
Cantharides, 382. A drop of the tincture (sometimes five required) three times a day for frequent desire to micturate with pain.

Migraine. (*See Sick Headache.*)

Mosquitoes.

Carbolic acid, 318. A weak solution sponged over the body to keep off mosquitoes.

Mouth, diseases of. (*See Stomatitis.*)

Arsenic, 263. In a peculiar circular rash on the tongue, usually in children associated with stomach or intestinal disturbance, or a body rash; also in sloughing of the mouth or throat, cancrum oris, &c.
Chlorate of potash, 204. In ulceration of gums and the parts of the tongue and cheek in contact with this.
In follicular and phagedenic ulceration.

Mouth, diseases of—*continued.*

Chlorine solution, 205. In ulceration.
Cocaine, 535. A solution painted over fissures, ulcers, and painful swellings on tongue, lips, or mucous membrane of cheeks. Must be repeated.
Creasote, 311. Or carbolic acid gargle or wash in sloughing.
Lime-water, 186. In inflammatory and ulcerative diseases.
Salicylic acid, 550. One part (dissolved in alcohol) to 250 of water in catarrhal stomatitis and thrush.
Silver, nitrate of, 230. Applied to ulcers of mouth.
Sulphate of copper, 251. Applied solid to indolent sores of tongue.
Solution painted over edges of gums in ulcerative stomatitis, but generally dried alum is better.

Mucous membrane, diseases of.

Nitric acid, 151. When reddened, inflamed and glazed.

Mucous tubercules. (*See Syphilis.*)

Mumps.

Mercury, 241. The third of a grain of grey powder three or four times a day very useful relieving pain and swelling.
Pilocarpine, 455.

Muscles, aching of, from exertion.

Arnica, 56.
Dripping wet sheet, 56. Well rub afterwards.
Turkish bath, 73.

Muscular rigidity.

Spinal ice-bag, 87. If due to disorder of nervous centres.

Myalgia.

Belladonna, 466. Often successful as liniment, though sometimes an opium liniment better.
Chloride of ammonium, 194.
Ether, 79. As spray.
Iodine, 124. The ointment for pain in the muscles of the chest, these being tender on pressure, but the skin may be pinched without pain.
Opium, 493. Poultices or frictions with laudanum
Poultices, [87. Very hot, followed by application of lint and oilskin.

Nævus.

Zinc, 253. Chloride, iodide, and nitrate locally.

Nephritis. (*See Bright's Disease.*)

Nervous headache. (*See Sick Headache.*)

NERVOUSNESS.

BROMIDE OF POTASSIUM, 143. Especially for women who are despondent, irritable and sleepless, from overwork, grief, worry, &c., often connected with migraine.
CHLORAL, 347. When restlessness and debility.
CHLOROFORM, 330. As spirits of chloroform internally.
COLD SPONGING, 69. When from close rooms, &c.
MORPHIA, 506. (See ref.)

NETTLE RASH. (*See Urticaria.*)

NEURALGIA.

ACONITE, 413. As ointment or liniment, especially when fifth nerve affected, also in neuralgic sick headache—sometimes veratria better, 414. Spinal irritation and intercostal neuralgia generally yield better to belladonna preparations.
ACUPUNCTURE, 97, 98. At "corresponding spot" on the opposite side.
ALCOHAL, 324. With much volatile ether—care must be taken in prescribing it.
ARSENIC, 281. In various neuralgias, also in angina pectoris.
ATROPIA, 477. Trousseau's method—give one fifth gr. extr. bell. every hour till giddiness induced, then lessen dose, but continue the medicine for several days.
BELLADONNA, 467 and 471. The liniment or the ointment of atropia sometimes useful.
CANNABIS INDICA, 522. Has been found useful.
CAPSICUM, 386. A strong infusion on lint covered with gutta percha.
CARBONIC ACID GAS, 108. Injected into vagina for neuralgia of uterus.
CHAMOMILE, 555. In neuralgia of the fifth nerve.
CHLORAL, 349. Sometimes relieves.
Rubbed with an equal weight of camphor and painted on painful part or gently rubbed in, often useful in neuralgia, pleurodynia, and toothache.
CHLORATE OF POTASH, 206. Has been recommended in facial neuralgia.
CHLORIDE OF AMMONIUM, 194. In half-drachm doses in facial neuralgia, much used also for all neuralgias.
CHLOROFORM, 329. Occasionally useful locally. As spray for neuralgia of uterus. Two or three drops on cotton-wool in ear for faceache and toothache.
———— 338, Inhalation.
———— 339. Subcutaneously. (See ref.)
COCAINE, 536. ⅓ to ½ gr. in solution hypodermically in course of nerve.
CONIUM, 444. Internally.
COUNTER-IRRITATION, 103. A blister to temple or behind the ear of the greatest service in frontal and facial neuralgia—that depending on a diseased tooth often yields to a blister, also the migratory neuralgia pains in nervous women and intercostal neuralgia left by shingles. Blisters should be applied, according to Anstie, to a posterior branch of the spinal nerve-trunk from which the painful nerve issues.
If blistering paper does not succeed in neuralgia a stronger preparation to be tried.
CROTON-CHLORAL, 352. Five-grain doses, especially in facial neuralgia, in that due to carious teeth, in that of the neck and back of head, in dysmenorrhœal neuralgia, and in epileptiform tic.

NEURALGIA—*continued.*

ERGOT, 525. Said to be useful.
ETHER, 340. As spray sometimes relieves permanently, often only temporarily.
GELSEMIUM, 456. In non-inflammatory toothache and neuralgia of nerves supplying teeth and alveolar processes.
———— 464. When dental nerves affected even where carious teeth. Sometimes toxic doses required. Said to be useful in ovarian neuralgia.
HYDROCYANIC ACID, 491. And cyanide of potassium formerly employed locally.
HYOSCYAMUS, 488.
ICE, 84. Locally in neuralgia of testes.
IODOFORM, 342. As saturated solution in chloroform locally.
IRON, 215. When associated with anæmia, but no organic cause. Moderate doses only required.
METHYL CHLORIDE, 340. As spray esp. in sciatica (see ref.).
MORPHIA, OLEATE OF, 237. One or two grains to a drachm, locally.
NITRITE OF AMYL, 359. Inhalation when fifth nerve affected.
OIL OF PEPPERMINT, 374. To be painted over the part in facial neuralgia.
OPIUM, 495. Or a hypodermic injection of morphia—sometimes a single injection will cure old-standing cases, if not it may be repeated every second day or so for some time.
PHOSPHORUS, 286. From 1–100th to 1–12th grain every three hours. Very useful in all forms of neuralgia, especially when uncomplicated.
QUINIA, 543. In periodical neuralgia, whether malarial or not, large doses should be given just before the expected attack.
Useful also in small frequently-repeated doses in other neuralgias, especially of the supra-orbital nerve.
SALICYLATE OF SODA, 550. Inferior to other remedies.
SPINAL ICE-BAG, 86.
STRAMONIUM, 490. Has been used.
VALERIANATE OF ZINC, 379. Or of ammonia in neuralgia of face or head.
VERATRIA, 402. An ointment of the pharmacopœial strength enough for the face, but stronger ones necessary for sciatica and other neuralgias, also for the pain consequent on shingles.
———— 401. Tinct. of veratrum viride said to be useful.

NIGHTMARE.

BROMIDE OF POTASSIUM, 145.

NIGHT SCREAMING.

BROMIDE OF POTASSIUM, 145. In children's attacks of night screaming often associated with squinting. Digestive organs to be attended to also.

NIPPLES, SORE.

ARNICA, 288. The cerate.
BRANDY-AND-WATER, 185. To be used as lotion before delivery and after each sucking to *prevent* cracking. Nipples should be washed and dried immediately after child is removed. (See p. 319.)
COLLODION, 288. Sometimes applied to chapped nipples.
GLYCERINE, 288. Of starch or with eau de Cologne.

NIPPLES, SORE—*continued.*

LIME-WATER, 185. As lotion.
SULPHUROUS ACID, 160. Solution neat or diluted, constantly applied.
———————— 288. With equal quantity of glycerine as lotion.
ZINC SHIELD, 185. Constantly worn.

NODES.

IODIDE OF POTASSIUM, 130. As ointment in conjunction with internal use.
MERCURY, OLEATE OF, 236. Externally very valuable.

NOSE, DISEASES OF.

AMMONIA, 130. Inhalations, in pain and inflammations of nose and frontal bones.
COD-LIVER OIL, 295. For chronic discharge.
GLYCERINE OF TANNIN, 303. For brushing out inside of nose when excoriated after measles, scarlatina, &c. Also for impetiginous eruptions of inside of nose, most severe where hair grows—epilation sometimes needful. Glycerine of starch or zinc ointment applied often is a good supplementary application.
———————— 304. In the discharge of greenish-black stinking mucus.

NUTRITION, IMPAIRED.

COD-LIVER OIL, 296. Especially in children.
LIME, 188. As lime-water or carbonate of lime. Small doses as good as large.

NYMPHOMANIA.

BROMIDE OF POTASSIUM, 146. Large doses required, at least twenty grs. three times a day.
CAMPHOR, 370.

OBESITY.

ALKALIES, 171. Solutions of oxides or bicarbonates. Use very questionable.
———————— 171. Liquor potassæ. This usually, however, fails.
VINEGAR, 154. A remedy to be strongly condemned, as it only reduces obesity at the expense of serious injury to the body.

ŒSOPHAGUS, STRICTURE OF.

NUTRITIVE ENEMATA, 95. When swallowing impossible. For directions (see ref.)

ONYCHIA. (*See Paronychia.*)

OPHTHALMIA.

ALUM, 207. Eight grains to one ounce applied every *quarter* or half hour in simple and especially in purulent ophthalmia of children.
ANTIMONY, 261. As tartar-emetic 1-36th to 1-48th grain three or four times a day in strumous ophthalmia. Sharp purgation at commencement useful.
CARBONIC ACID GAS, 108. Said to relieve pain and photophobia of scrofulous ophthalmia when applied to the eye.
COD-LIVER OIL, 295. When strumous.

OPIUM, DISAGREEABLE SYMPTOMS OF. (*See Poisoning by Opium.*)

ORCHITIS.

ANTIMONY, 259. As tartar-emetic in acute orchitis. (See Inflammation.)
ICE LOCALLY APPLIED, 84. Also in neuralgia of the testis.

OTITIS. (*See Ear, diseases of, and Otorrhœa.*)

OTORRHŒA. (*See Ear, diseases of.*)

ACONITE, 421. In otitis.
ALUM, 207. Strong solution (sixty grains to one ounce) but inferior to glycerine of tannic acid.
COD-LIVER OIL, 295. When chronic.
GLYCERINE OF TANNIN, 304. Meatus to be filled and plugged with cotton-wool—not in acute inflammation of meatus.
LEAD, 221. Solutions of acetate or diacetate as injection, especially when acute stage just subsided—in later stages stronger astringents needed.
LIME-WATER, 196. As a wash when active inflammation present. In chronic cases for inferior to astringents such as glycerine of tannin.

OVARIAN NEURALGIA.

GELSEMIUM, 465. Said to be useful.

OVARIAN TUMOURS.

IODINE, 125. Ten oz. of tincture injected after tapping.

OVERWORK.

BROMIDE OF POTASSIUM, 143. When insomnia, bad dreams and irritability.
COCAINE, 536.
OPIUM, 507, 508. A drop of laudanum with two of tinct. nucis vom. three or four times a day for headaches with flushings and dyspepsia.
PHOSPHATE OF LIME, 191. May be combined with phosphate of iron and carbonate of lime. A grain of each for a dose.
PHOSPHORUS, 287. In depression from overwork.
SEA-BATHING, 53.
SITZ-BATH, 72. For ten minutes at 70° to 80° on return from business tired and irritable. Half hour before dinner.

OXALURIA.

MINERAL ACIDS, 154. When eructations of sulphuretted hydrogen.

OZŒNA.

ACETATE OF ALUMINA, 208. Irrigation.
ALUM, 208. Nose to be well irrigated with a solution, a drachm to a pint.
BISMUTH, 219. With equal quantity of Venetian calc in chronic non-syphilitic ozœna to be snuffed up after clearing the nose by strongly blowing it. Mercurial powders better.

OZŒNA—*continued.*

BOROGLYCERIDE, 162. As injection.
CARBOLIC ACID, 315. A weak solution as injection.
GLYCERINE OF TANNIN, 208. Irrigation.
IODINE, 127. Tinct. chronic with solution of common salt.
In chronic forms nose to be flushed with solution of salt containing a few drops tinct. iod.
IRON, 211. Spray of the subsulphate in chronic form.
MERCURY, 240. White or red precipitate with 58 times its weight of sugar snuffed up after clearing the nose in the non-syphilitic form.
——— 240. Ointment of the nitrate in syphilitic form. (See Syphilis.)
SALOL, 551. As snuff.
TANNIN, 303. Or glycerine of tannin, even if syphilitic.

PAIN. (*See Colic, Gall-stones, Neuralgia, &c.*)

ATROPIA, 471. Hypodermically in local pain, in neuralgia, sciatica, glaucoma, &c. When it succeeds, effects more lasting than those of morphia.
BELLADONNA, 477. Best remedy for every kind of pain in pelvic viscera (Anstie).
CARBOLIC ACID, 314. As local anæsthetic.
CHLORAL, 348. Sometimes relieves neuralgia, chronic rheumatism, gall-stones, colic, gastralgia, and even cancer.
CHLOROFORM, 329. Locally, generally inferior to other anæsthetics.
——— ——— 349. Two or three drops on cotton-wool introduced into the ear for face-ache or toothache.
Vapour on raw surface of cancers, neuralgia of uterus, a photophobic eye, &c.
——— ——— 332. As vapour to produce general anæsthesia. (See ref. for full directions.)
——— ——— 337, 339. Inhalation in renal and biliary colic.
CONIUM, 444. In cancer, rheumatism, neuralgia, &c.
ETHER, 340. As spray for local anæsthesia, also inhalation to produce general anæsthesia. (See ref.)
IODOFORM. 342. A suppository in painful diseases of rectum and bladder.
MUSTARD, 384. For localized pain.
OPIUM, 493. Poultices containing laudanum used in inflammation. Linim. opii. rubbed in relieves neuralgias, pleurodynia and myalgia; preparations of opium or morphia are applied to irritable, cancerous and simple sores.
——— 494. The hypodermic injection of morphia extensively employed to relieve pain. The unpleasant symptoms often accompanying its administration may usually be obviated by combining it with a twentieth part of atropia. At first not more than a sixth of a grain of morphia should be injected. A single injection sometimes cures recent and even long-standing sciatica and neuralgia. Useful in lumbago, pleurodynia and toothache Occasionally required in pleurisy or pneumonia if the suffering is severe or persistent. Valuable in renal, biliary and intestinal colic.
——— 495. An injection of laudanum and starch useful in pain of bowels or organs near the rectum, such as cystitis or uterine diseases; opium and gall ointment excellent for painful bleeding piles and fissures of anus.

PAIN—*continued.*

OPIUM, 500. In chronic cases it is best to try first all other methods of easing pain, as an opiate soon loses its influence.
STRAMONIUM, 506. As ointment.
WARM INJECTIONS, 94. Soothe the pain of cystitis, prostatitis, abscess of the prostate and pelvic, and abdominal pains generally.

PALPITATION.

ACONITE, 421.
CAMPHOR, 369. In nervous palpitation.
EUCALYPTUS, 366. At change of life.
HOT FOOT-BATH, 65.

PARALYSIS.

BELLADONNA, 476. When depending on chronic inflammation of the cord. Brown-Séquard gave ergot internally, applying belladonna as plaster or ointment along the spine.
CALABAR BEAN, 447. In general paralysis of insane, also in progressive muscular wasting without much mental disorder. Also in some cases of long-standing hemiplegia; sometimes in paraplegia, locomotor ataxy, and writer's cramp.
CANNABIS INDICA, 522. For retention of urine from spinal disease.
COUNTER-IRRITATION, 104. By blistering fluid in peripheral paralysis of seventh nerve.
ERGOT, 525. Said to be useful in paraplegia.
HYOSCYAMIA, 488. 1-50th gr. daily hypodermically, or 1-50th gr. night and morning by stomach in paralysis agitans. But symptoms recur on discontinuing drug.
HYOSIN, 489. In paralysis agitans.
NUX VOMICA, 515. Or strychnia recommended by Brown-Séquard in paraplegia from softening and wasting of cord. Often useful in motor paralysis.
PHOSPHORUS, 287. In hysterical paralysis.
STRYCHNIA, 510. In all forms.

PARONYCHIA.

MERCURY, 234, 235. As ointment applied for ten minutes every hour. Poultices at other times.
NITRATE OF LEAD, 235. Dusted on diseased tissues night and morning.

PARTURITION. (*See Confinement.*)

PEDICULI. (*See Lice.*)

PEMPHIGUS.

ARSENIC, 277. Largest dose five min. liq. arsenicalis three times a day, not on empty stomach. (See ref.)

PERICARDITIS. (*See Heart, diseases of.*)

PERIOSTITIS. (*See Nodes.*)

IODIDE OF POTASSIUM, 134. In syphilitic children; also in non-syphilitic periosteal thickenings.
MERCURY AND MORPHIA, OLEATE OF, 236. Locally.

PERITONITIS. (*See also Puerperal Peritonitis.*)

OPIUM, 500. To quiet intestinal movements.
POULTICES, 79. Large, hot and frequently renewed. Should be thin and covered with cotton-wool.

PERSPIRATION, EXCESSIVE.

ATROPIA, 455, 468. In sweating of phthisis and exhausting diseases. (See Phthisis.)
BELLADONNA, 467. As liniment locally to affected part, also tincture internally especially in weakly children who perspire profusely. Also very useful where the perspiration has caused the skin of the feet to peel off, leaving the dermis red and tender.
ERGOT, 525. Said to arrest sweating.
HYOSIN, 489. Checks the sweating of phthisis.
IODOFORM, 343. Diminishes phthisis.
LEAD, 222. As ointment of equal parts of emp. plumb. and linseed oil spread on linen and rapped round the feet when they sweat—to be renewed every third day for nine days.
OILS, 290. Rubbed into the whole skin to prevent sweating accompanying exhausting diseases, as phthisis; but sponging with a weak acid wash better.
OPIUM, 455, 507. As Dover's powder may succeed after zinc has failed
PICROTOXINE, 455. In $\frac{1}{150}$ gr. doses.
PILOCARPINE, 455. In $\frac{1}{20}$ gr. doses thrice daily.
QUINIA, 545. In exhausting diseases, as chronic phthisis. If a small dose fail, one of six or eight grs. at once or in portions repeated hourly.
In many cases a night draught of quinia, sulphate of zinc, and sulphuric acid very useful.
——— 538. ℥j in Oj alcohol for bathing skin.
SPINAL ICE-BAG, 86.
SPONGING, VERY HOT, 65. In phthisis.
SPONGING WITH ACIDULATED WATER, 151.
TANNIN OR GALLIC ACID, 307.
ZINC, OXIDE OF, 255. In two-grain doses nightly to control profuse colliquative sweating.

PHARYNGITIS. (*See Throat, Sore.*)

PHLEBITIS.

A BLISTER, 102. Over course of inflamed superficial vein.

PHLEGMASIA DOLENS.

HAMAMELIS, 308.

PHOTOPHOBIA. (*See Eye, diseases of; also Conjunctivitis.*)

PHTHIRIASIS. (*See Lice.*)

PHTHISIS. (*See Cough, Hæmoptysis, &c.*)

ACTÆA, 412.
ALCOHOL, 328. Brandy and milk before breakfast.

PHTHISIS—*continued.*

ARSENIC, 5. When red, smooth, clean "irritable" tongue.
——— 263. As cigarettes—caution required. (See ref.)
——— 271. Useful in the diarrhœa.
——— 281. Probably diminishes temperature.
ATROPIA, 468. 1-200th to 1-100th hypodermically, or 1-70th to 1-50th, or even, in exceptional cases, 1-20th in pill, to check excessive perspiration.
BELLADONNA, 466. Liniment or plaster for hypersensitiveness of the muscles of the chest.
BENZOIC ACID, 375. As inhalation.
BLISTERS, 102, 103. In chronic or fibroid phthisis.
BRANDY, 328. Or rum and milk before breakfast.
CHLORIDE OF CALCIUM, 189. Recommended as inhalation.
CHLOROFORM, 331. With glycerine or honey for the cough in fibroid phthisis.
COD-LIVER OIL, 295. Very valuable in nearly all forms of this disease, especially at commencement. (See ref.)
COTO BARK, 309. To check sweating. Also asserted to be useful in diarrhœa.
COUNTER-IRRITATION, 102, 103. Only to relieve pain in acute forms, as iodine liniment; quiets cough and diminishes expectoration in chronic or fibroid phthisis.
CREASOTE, 312. Tar, or carbolic acid to check expectoration. In full doses in non-febrile cases increases appetite.
CROTON OIL, 298, 299. With or without liq. potassæ as counter-irritant to chest. Caution must be used.
ENEMATA, 500. Of starch and laudanum for the diarrhœa.
EUCALYPTUS, 378. Twenty drops of, inhaled for cough of chronic phthisis.
GELSEMIUM, 461. For the cough.
GLYCERINE, 302. In last stage with water as wash for dry shiny mouth.
——————— 302, 303. For cough.
HYPOPHOSPHITES, 193. Of lime or soda,—should be given alone. Most useful in early stage and in young subjects.
IODINE, 123. As liniment painted under clavicles in chronic forms to allay harassing cough and to check secretion.
——— 126. As inhalation in chronic phthisis to lessen expectoration and cough.
IODOFORM, 343. In turpentine as spray. Also given internally.
——————— 343. With spirits of turpentine. Also given internally with extract of gentian.
IPECACUANHA, 396. Spray to throat when bronchial asthma and emphysema combined with fibroid phthisis.
MERCURY, 246. The hundreth of a grain of corrosive sublimate every two or three hours in diarrhœa.
OPIUM, 497, 498. Or morphia in a viscid vehicle for cough, especially where this is due to inflamed condition of throat—morphia lozenges very useful here.
——— 507. As Dover's powder for night sweats.
PHOSPHATE OF LIME, 191. In diarrhœa.
——————————— 191. In chronic forms of phthisis with little or no fever.
PICROTOXINE, 455. (See Perspiration, excessive.)
PILOCARPINE, 455. (See Perspiration, excessive.)
QUINIA, 543. In acute phthisis to reduce temperature.

PHTHISIS—*continued.*

QUINIA, 545. In chronic phthisis to check sweating. If a small dose fail, a dose of six or eight grs. administered at once or in portions repeated hourly.
SALICYLIC ACID, 550. In five-gr. doses for foul breath and offensive expectoration.
SALOL, 551.
SEA-BATHING, 53. If chronic, little or no fever, without active deposition of tubercle or scrofulous pneumonia.
SILVER, NITRATE OF, 230. Sometimes injected into trachea. (See ref.)
SPONGING, VERY HOT, 65. For excessive perspiration.
SULPHIDES, 115. As natural water.
SULPHURETTED HYDROGEN, 115. Intestinal injection of, mixed with carbonic acid gas.
SULPHURIC ACID, 157. With sulph. zinc, to check perspiration.
SULPHUROUS ACID, 160. Inhalation, spray or fumigation in chronic phthisis.
TURKISH BATHS, 72. For the cough.
VINEGAR, 157. With laurel water to check sweats.

PILES.

ALOES, 558. To gently relieve bowels.
BROMIDE OF POTASSIUM, 138. In five parts glycerine locally to ease pain.
CALOMEL, 306. As ointment.
CASTOR OIL, 300.
CHLORATE OF POTASH, 216. ℥ gr. to ℥j. of saturated solution with five to ten drops of laudanum as injection when inflamed and painful.
COLD INJECTION, 69. Half a pint before going to stool every morning.
GALLIC ACID, 306. With opium as ointment.
HAMAMELIS, 308. As lotion or injection as well as by mouth in piles, whether bleeding or not.
ICE, 84. Locally applied for pain after operation.
LEAD, 222. As plaster for pain in back due to piles.
NITRIC ACID, 156. Strong, applied to internal piles, also to granular or ulcerated piles. Half-ounce or one ounce to half a pint of water as lotion for bleeding piles.
OPIUM, 500. Mixed with gall ointment, an excellent application for painful bleeding piles. Mild purgatives also required.
RHUBARB, 562. About ten grs. of the root to be chewed nightly if a laxative is needed.
Useful also in hæmorrhoidal swellings of pregnancy.
SULPHUR, 113. Five to ten grs. with one drachm conf. senn. in the morning as a laxative.

PITYRIASIS.

BORAX, 165. Saturated solution locally several times a day in pityriasis of scalp. If not successful try it as glycerine of borax.
GLYCERINE OF BORAX, 302. In pityriasis of scalp.
LEAD, 221. Liq. plumb. two ozs., glycerine two ozs., to four ozs. of water as lotion.
MERCURY, 234. Citrine ointment especially when pityriasis of hairy parts of face. Often well to add tar ointment.
SULPHUROUS ACID, 159. With glycerine in conjunction with warm baths.

PITYRIASIS VERSICOLOR.

MERCURY, 234. The bichloride in solution two grs. to the oz. of water as a lotion.

PITYRIASIS VERSICOLOR — *continued*

MERCURY, 236. The oleate of mercury with ether applied with a camel-hair pencil.
SULPHUROUS ACID, 160. The B. P. acid with glycerine; warm baths should also be employed.

PLEURISY.

ACONITE, 418. Has marked effect.
ANTIMONY, 259. As tartar-emetic. (See Inflammation.)
BLISTERS, 102. Large and flying after subsidence of inflammation and fever, to further absorption of the fluid. The vesication, if any, should be healed at once.
COD-LIVER OIL, 295. In chronic form.
IODIDE OF POTASSIUM, 135. To quicken absorption of inflammatory effusions.
IODINE, 123. As liniment to chest to promote absorption.
——— 125. Solution (weak at first) injected, after tapping the injection,—may contain other disinfectants.
MORPHIA INJECTION, 495. Occasionally needed for severe pain.
MUSTARD, 384. To affected organs in pleurisy.
PACKING, 55.
PILOCARPINE, 454. To remove effusion.
POTASH, 174. As liquor potassæ is occasionally employed in pleurisy to promote the absorption of the inflammatory formations, but it is unadvisable to use it long.
POULTICES, 78. Large, hot, and frequently renewed.
PURGATIVE SALTS, 199, 200. ℥ vj-℥j sulph. magnes. in ℥ j water before food.
SINAPISMS, 384. Large.
VERATRUM VIRIDE, 401. Opinions differ as to whether it should be used in sthenic or asthenic forms.

PLEURODYNIA.

ACTÆA RACEMOSA, 412. When pleurodynia due to uterine derangements.
ACUPUNCTURE, 97, 98. At "corresponding spot" on opposite side.
BELLADONNA, 79, 466. Generally liniment best, sometimes the plaster better.
BLISTERING, 105. Sometimes strong vesication necessary.
CHLORAL, 349. Made liquid with equal weight of camphor, and rubbed gently in.
ETHER, 79. As spray sometimes immediately and permanently removes pain.
IODINE, 124. As a liniment.
MUSTARD, 123. As poultice.
OPIUM, 493. The liniment may be rubbed in, or sometimes a hypodermic injection of morphia may be necessary.
POULTICES, 79. Very hot; followed by application of lint and oilskin; belladonna liniment generally better.

PNEUMONIA.

ACONITE, 418. Has marked effect.
ANTIMONY, 20. Small frequent doses of tartar-emetic when skin hot and dry—better here than aconite.
——— 260. At commencement. If patient weak must take alcoholic stimulants as well.
BLISTERS, 101, 102. Lessen the pain; should be used in moderation.

Pneumonia—*continued.*

Ether, 341. In adynamic pneumonia hypodermically.
Morphia injection, 495. Sometimes needed for severe pain.
Mustard, 384. To affected organs.
Packing, 56. Some pack the chest only, renewing hourly.
Phosphorus, 287. Especially when typhoid symptoms.
Poultices, 78. Large and hot. To encircle whole chest in children.
Quinia, 543. To reduce temperature.
Sinapisms, 384. Large.
Veratrum viride, 401. Opinions differ as to whether it should be used in sthenic or asthenic forms.

Poisoning generally.

Apomorphia, 400. Hypodermically, ¼ gr., to produce prompt emesis.
Sulphate of zinc, 254. The best emetic.

Poisoning by acids.

Alkalies, 169. The least irritating to the stomach to be selected.
Magnesia, oxide of, 184.

Poisoning by alcohol.

Cold douche, 69. Poured for some time from a height on to the head.
Cold water, 46. Smartly sprinkled on face.
Maintenance of temperature, 46.

Poisoning by alkalies.

Acids, 155. Dilute.

Poisoning by antimony.

Alkalies, 169.
Tannin, 306. Or strong tea or coffee.

Poisoning by arsenic.

Bicarbonate of magnesia, 169. Or other alkalies.
Charcoal, 107. Half an ounce or more.
Oxide of magnesia, 184.

Poisoning by belladonna or atropia.

Alkalies, 169. Especially bicarb. of magnesia in poisoning by alkaloids.
Ammonia, 180. Breathed into air passages.
Charcoal, 107. In poisoning by belladonna. Half an ounce or more must be given.
Lime-water, 485. Has been recommended.
Physostigma, 483. Doubtful.

Poisoning by chloral.

Maintenance of temperature, 46.
Physostigma, 448.
Strychnia, 349. The antidote according to Liebreich.

Poisoning by lead.

Alkalies, 169. Especially bicarbonate of magnesia in poisoning by metallic salts.
Iodide of potassium, 135. In chronic cases.
Lukewarm drinks, 223. Or sulphate of soda, sulphate of magnesia, or freshly precipitated sulphide of iron; promote vomiting—use stomach-pump—give milk with white of egg in *acute lead poisoning.*
Sulphides, 114. As baths in chronic form.

Poisoning by mercury.

Alkalies, 169. Bicarbonate of magnesia best.
Baths, 247. Simple or sulphurous.
Charcoal, 107. In poisoning by corrosive sublimate, half an ounce or more must be given.

Poisoning by nitrate of silver.

Alkalies, 169. Especially the bicarbonate of magnesia.
Chloride of sodium, 194.

Poisoning by opium or morphia.

Ammonia, 180. Breathed into air passages.
Atropia, 480. Quarter to half a grain hypodermically.
Bicarbonate of magnesia, 169.
Bromide of potassium, 147. Controls disagreeable effects of medicinal doses of opium; 20 grs. an hour before, and the the same dose two hours after, the opiate.
Charcoal, 107. Half an ounce or more.
Cocaine, 536. Internally.
Cold douche, 69. Poured for some time from a height on the head.
Cold water, 46. Smartly sprinkled on face.
Stomach pump, 503, 527. Rouse patient, keep him constantly moving to prevent sleep, give strong coffee, apply cold affusion to head, and if necessary adopt artificial respiration.

Poisoning by oxalic acid.

Lime, 187. Salts of.
Oxide of magnesia, 184.

Poisoning by phosphorus.

Copper salts, 287, 288. Better than turpentine. Repeat till vomiting.
Transfusion, 234.
Turpentine, 372.

Poisoning by physostigma.

Atropia, 481. One-fiftieth to one-thirtieth of a grain hypodermically, repeated till effects evident.
Chloral, 349. The antidote.

Poisoning by picrotoxine.

Chloral, 349. The antidote.

Poisoning by salts of potassium, sodium, and ammonium.

Effect depends mainly on per centage dose (*See p.* 129).
Bleeding, 130.
Drinking freely, 129. To dilute blood

Poisoning by strychnia.

Alkaline bicarbonates, 169. Magnesia best.
Calabar bean, 448. As an antidote.
Charcoal, 107. Half an ounce or more.
Chloral, 349. The antidote.
Nitrite of amyl, 359. Inhalation.
Stomach pump, 513. If available before tetanic symptoms, *animal charcoal*, tannin solution of iodine, *chloroform inhalation*, injection of curare, or of methyl and ethyl compound of strychnia, of brucia, or of thebaia, artificial respiration, fats.

Pregnancy. (*See Vomiting.*)

Actæa, 412. To prevent miscarriages in irritable or prolapsed uterus.
Bromide of potassium, 145. For frightful delusions in later months.
Cocaine, 537. Internally in vomiting.
Ipecacuanha, 153. Sometimes for acidity.
Sea-bathing, 51. In earlier months, unless there have been several miscarriages or the patient is of very excitable temperament.

Prolapsus.

Alum, 207. In solution, six grains to the ounce, in prolapsus ani and uteri.
Ergotin, 525. Injections in prolapsus of rectum.
Ice, 84. Locally applied in prolapsus of rectum or uterus when parts inflamed.
Nux vomica, 153. For acidity two or three drops.
Strychnia, 515, 516. In prolapsus ani, especially in children. If there is constipation nux vomica may be added to a purgative, as tinct. of rhubarb. If there is diarrhœa it should be checked.
Sulphur, 112. In prolapsus recti has a benefilial effect in addition to that due to laxative properties.
Tannin, 306. As catechu, kino, red gum, rhatany; hæmatoxylum injections to restrain prolapsus ani.

Prostatitis.

Cantharides, 382. A drop of the tinct. (five may be required) three or four times a day.
Hot injections, 94. To relieve pain.

Prurigo.

Borax, 169. (See Pruritus.)
Cantharides, 381. Internally.
Carbolic acid, 315. Oil of cade, &c. (See Pruritus.)
Chloroform, 329. As ointment to allay itching
Cyanide of potassium, 491. Or hydrocyanic acid. (See Pruritus.)
Ice, 83. For prurigo of vulva.
Iodoform, 342. As ointment. One drachm to the ounce.
Sulphur, 111. With tar and benzoated lard as ointment in genuine prurigo.
Turkish bath, 76. When unconnected with lice.
Warm baths, 64.

Pruritus.

Alkalies, 164. An alkaline solution such as a drachm of carbonate of potash or soda to a pint of water applied with a small piece of sponge in itching of urticaria or lichen. Solution of cyanide of potassium, same strengh, better still.

Pruritus—*continued.*

Alum, 208. A strong solution for pruritus vulvæ.
Arsenic, 264. In itching of the nose accompanying asthma-like affections. (See Asthma.)
Benzoin, 375. The comp. tinct. painted on the skin in eczema, urticaria, &c.
Boracic acid, 162. As lotion in pruritus pudendi.
———— 167. A teaspoonful dissolved in a pint of boiling water, used tepid or cold as lotion in pruritus pudendi.
Borax, 167. Five to ten grains to the ounce of hot water in pruriginous eruption on mucous membrane of vulva and vagina. In this complaint infusion of tobacco, iodide of lead as ointment, bismuth and morphia as ointment, chloroform as vapour, liniment or ointment; lead lotion; nitrate of silver; alum in solution, tannin in solution, are often useful, especially when alternated.
Camphor, 367. An addition to dusting powders to allay heat and itching of eczema and intertrigo.
Carbolic acid, 314. Solution as topical application, even when itching due to jaundice.
———— 310. In chronic eczema, psoriasis and erythema, or better still, liq. carbonas detergens, oil of cade, or oleum rusci.
———— 315. A weak lotion (1 in 100 in pruritis ani and pudendi.
Chloroform, 329. As ointment to allay itching of skin diseases.
Chromic acid, 167.
Cocaine, 537. Lotions in pruritus ani and pudendi.
Cold anal douche, 71.
Cyanide of potassium, 491. A drachm in a pint of water as lotion for urticaria, lichen, eczema, and prurigo where the skin is unbroken.
Hydrocyanic acid, 491. Thirty drops of B. P. acid in an ounce of water or glycerine may be used instead of the cyanide of potassium solution.
Iodine, 126. In itching of the nose or inner canthus.
Lead, 221. Lotions ease itching of urticaria. A strong lotion useful in pruritus pudendi, especially where mucous membrane red and excoriated. If this is dependent on worms or tumour, lotion useless.
Menthol, 375. Ointment in pruritus ani.
Mercury, 232. Strong solutions of bichloride, black wash, yellow wash or mercurial ointment in itching of skin affections.

An ointment of a drachm of calomel to one oz. of lard is best, not however, in urticaria.

Calomel ointment useful in pruritus ani, but less so in pruritus pudendi. In obstinate cases of these, blisters to thighs or leeches useful.

Calomel ointment useful in itchy scabbiness of scalp and in pityriasis of scalp.

Nitrate of mercury ointment will destroy lice.

Salicylic acid, 550. As ointment in pruritus ani and vulvæ.
Silver, nitrate of, 228. To be painted everyday or second day on a patch of lichen the size of the palm causing excessive irritation. A weak solution often relieves pruritus ani and pudendi; apply well with camel-hair brush three or four times a day.

A strong solution in pruritus cutaneus of the meatus auditorius without eruption on skin; the memb. tymp. to be carefully avoided. If itching from dryness of ear or deficient secretion of wax, try first almond oil or glycerine.

Psoriasis.

Arsenic, 277. At first apparently aggravates the disease but soon heals it. Largest dose required five min. liq. arsen. three times a day—never on empty stomach. For rules for giving arsenic, see ref.
Calomel ointment, 232.
Cantharides, 381. Internally.
Carbolic acid, 310. Or, better still, liquor carbonas detergens, oil of cade, oleum rusci.
Copper, sulphate of, 251. Applied solid to spots of psoriasis, simple or specific.
Mercury, 234. Calomel and nitrate of mercury ointment may be mixed, and tar ointment may be added, in patches of obstinate psoriasis, especially of hands, even when not syphilitic.
Oils and fats, 290. To lubricate skin, used in conjunction with warm baths.
Silver, nitrate of, 288, 289. Or sulphate of copper. An occasional application useful in psoriasis of the tongue and mucous membrane of mouth. If these are syphilitic, mercurials best.
Soap, 164. Assists removal of scales.
Sulphides, 114. In baths—not in acute stage.
Sulphur, 113. Internally.
Tar, 310. In obstinate forms may be painted on the patches and left on, or creasote ointment, petroleum, cade, and carbolic soaps of various strengths useful.
Turkish bath, 72.
Vaseline, 309. Locally.
Warm bath, 64. Especially in acute stage, rain or boiled water.

Puerperal fever, etc.

Antimony, 260. As tartar-emetic for mania, but bromide and chloral better.
Bromide of potassium, 146. For mania.
Chloral, 346. For mania and convulsions.
Morphia, 496. Hypodermically, sometimes arrests puerperal convulsions.
Permanganate, 217. Has been given internally.
Turpentine, 372. Has been used.

Puerperal peritonitis.

Antimony, 259. As tartar-emetic. (See also Inflammation.)
Chlorine solution, 122. For washing out vagina.

Purpura.

Arsenic, 133. When due to iodism.
Ergot, 524. Has been strongly recommended.
Turpentine, 372. Has been used.

Pyæmia and Septicæmia.

Ammonium carbonate, 182. In typhoid condition.
Permanganate, 217. Has been given internally.
Quinia, 543. Supposed to diminish temperature.

Pyrosis.

Bismuth, 219. Useful in the various forms, whether acid, alkaline or neutral.
Lead, 222. Soluble preparations are recommended.

Pyrosis—*continued.*

Manganese, 217. Black oxide.
Nitric acid, 152. Or hydrochloric acid in small medicinal doses shortly before meals when pyrosis acid,—after when pyrosis alkaline.
Sulphurous acid, 160.

Quinsy. (*See Throat, diseases of.*)

Rectum, diseases of.

Bromide of potassium, 138. Locally in five parts glycerine in fissures of rectum and painful growths.
Cocaine, 536. Suppositories and pessaries in painful conditions.
Iodoform, 342. As suppository in painful diseases.
Phosphorus, 287. In chronic inflammation.

Renal colic. (*See Colic.*)

Restlessness.

Aconite, 421. One drop of tincture at bedtime, repeated if needful.
Warm sponging, 64. To induce sleep and calm restlessness of convalescence.

Retention of urine.

Cannabis indica, 522. When from spinal disease.

Rheumatism, acute.

Acid steam-bath, 76. Relieves pain and checks perspiration.
Aconite, 420. Often subdues pain in inflamed joints and perhaps shortens the fever.
Actæa racemosa, 411. Has been much used, said to quell the pain speedily.
Acupuncture, 97, 98. At "corresponding spot" on opposite side to relieve pain.
Antipyrine, 553. Cannot compare with salicylate.
Benzoic acid, 376. Inferior to salicylic acid.
Bicarbonate or citrate of potash, 172. Opinions very divergent. Seems, however, to relieve pain.
Blistering, 104. Large flying blisters to inflamed joint.
Cold-water treatment, 60. Invaluable in hyperpyrexia. (See p. 61.)
Cold wet compress, 56. To painful joints.
Conium, 444. Internally to relieve pain.
Lime-juice, 157. Eight ozs. daily; lemon-juice inferior.
Nitrate of potash, 203. In large doses (half oz. to one oz. in the day) freely diluted in water or lemonade—thought highly of by some.
Opium, 506. Hypodermically to relieve pain and induce sleep.
Packing, 56. If patient cannot be moved front of body may be packed.
Poultices, 79. Very hot on the painful part.
Quinia, 544. Recommended by some (see ref.).
Salicine, 549. Thirty grains every two hours or even hourly at first. Improvement generally in one or two days, and course of fever much shortened. Mitigation of pain first sign of improvement. Liable to relapse.

RHEUMATISM, ACUTE—*continued.*

SALICYLATE OF SODA, 548. Behaves as salicide. Also used locally to joints.
SALICYLIC ACID, 548. Behaves as salicine, but is very slightly soluble and liable to impurities.
SALOL, 551.
SULPHUROUS ACID, 160. After fumigation, patient to be covered with bed-clothes which have been exposed to strong fumes, this produces perspiration, sleep and relief.
TEPID OR COLD SPONGING, 56. If prejudiced against packing.
TURKISH BATH, 74. For modified form, see p. 76.
VERATRIA, 401. Veratrum viride as tinct. is said to be useful.
———— 403. As ointment to rheumatic joints. It often, however, fails.

RHEUMATISM, CHRONIC.

ANTIPYRINE, 553. Hypodermically.
BLISTERING, 105. Nightly in gonorrhœal form.
BRINE BATHS, 65. At Droitwich, also home baths.
CAPSICUM, 386. A strong infusion applied on lint for rheumatic pains.
CARBONIC ACID, 108. Natural waters containing much carbonic acid used externally.
CHLORAL, 348. Often relieves the pain.
COD-LIVER OIL, 296.
COLD DOUCHE, 71. Salt may be added.
GALVANISM, 75. For pain and stiffness.
———— 79. For pains remaining after acute rheumatism.
GUAIACUM, 411.
ICE AND SALT, 84, 85. Apply for six minutes to diseased joints, then replace for short time by pounded ice.
IODIDE OF POTASSIUM, 136. Especially when pain worse at night, or of syphilitic origin.
IODINE, 123. Paint round joints.
LAMP-BATH, 76.
MERCURY AND MORPHIA, OLEATE OF, 236. For joint affections (locally).
NITRATE OF POTASH, 204. Ten grains hourly or every two hours when urine scanty and high-coloured, becoming turbid on cooling.
OIL OF MEZEREON, 376. And of sassafras reported useful.
PACKING, 55.
POULTICES, 79. In so-called rheumatic pains attacking one part of the body.
SALOL, 551.
SULPHIDES, 114. As baths.
SULPHUR, 113. Locally applied. Internally in chronic and muscular rheumatism.
TURKISH BATHS, 75. Generally and for circumscribed stiffness in shoulder.
Hot followed by cold sponging may be used as substitute.
VERATRIA, 403. As ointment to rheumatic joints; often fails.

RHEUMATOID ARTHRITIS.

ACTÆA RACEMOSA, 411. Especially when connected with uterine derangement—also in other cases (see ref.).
ARSENIC, 263. As a bath containing four ozs. washing soda and twenty grs. arseniate of soda.
———— 282. Large doses continued for some time sometimes of great benefit, but action capricious.
BROMIDE OF POTASSIUM, 147. Sometimes allays the severe pain.
COD-LIVER OIL, 296.

RHEUMATOID ARTHRITIS — *continued.*

COLD DOUCHE, 71. May be slightly warmed in winter, use for one or two minutes and rub dry.
IODIDE OF POTASSIUM, 135. Sometimes large doses required (see p. 138).
IODINE, 127. Tinct. internally said to be better than pot. iod.
SULPHIDES, 114. In baths.
TURKISH BATHS, 75.

RICKETS.

COD-LIVER OIL, 296.
COLD SPONGING, 68. If the child is weak or very impressionable he should be allowed to stand up to the ankles in warm water before a fire while being sponged.
IRON, 214. Must be continued a long time.
LIME, 188. As lime-water or carbonate of lime.
PHOSPHATE OF LIME, 191. Small doses as good as large.

RINGWORM. (*See Tinea.*)

SALIVATION.

ACIDS, 151. As astringents in salivation. Small medicinal doses.
ALCOHOL, 320. Diluted, as gargle.
ATROPIA, 470. Hypodermically.
BROMIDE OF POTASSIUM, 142. For salivation of pregnancy.
CHLORATE OF POTASH, 204. Whether mercurial or simple salivation.
CHLORINE SOLUTION, 122.
COTO BARK, 309.
HYOSCIN, 489.
IODIDE OF POTASSIUM, 134. Sometimes beneficial in mercurial salivation, but sometimes aggravates it.
IODINE, 127. Gargle, two drachms of tinct. to eight ozs. of water.

SARCINÆ.

SULPHITES, 161. And hyposulphites have been employed to destroy sarcinæ and torulæ in the stomach.

SCABIES. (*See Itch.*)

SCARLET FEVER.

ACONITE, 419. To control accompanying inflammatory affections. Should be given if during convalescence any rise of temperature occurs.
ARSENIC, 6. With nitric acid in convalescence if "strawberry" tongue persists.
BELLADONNA, 479. Has been recommended as a preventive.
CARBONATE OF AMMONIA, 182. In three or five grain doses hourly or every two or three hours in all forms, especially if given early.
CHLORINE WATER, 122. In sloughing of throat.
COLD AFFUSION, 69. During first few days when skin hot and red.
COLD WET COMPRESS TO THROAT, 55. Throughout whole course, renew every three hours.

SCARLET FEVER—*continued.*

FAT, 291. Rub hands and feet with a firm fat to remove heat and tightness produced by rash.

Some anoint whole body two or three times a day with fat or oil, such as almond oil, to prevent desquamation, sequelæ and diffusion of branny particles of the skin.

ICE, 84. Sucking, in the sore throat, especially at beginning.

ICE POULTICE, 85. To throat.

JUNIPER, 377. Esteemed as a diuretic in scarlatinal dropsy.

MERCURY, 241. The third of a grain of grey powder every hour has marked effect on inflamed tonsils.

MUSTARD, 384. A general mustard bath on the recession of rash to bring it back.

NITRIC ACID, 152. Strong, to sloughs in throat.

PACKING, 55. Throughout its course, especially on recession of rash.

PERMANGANATE, 217. Has been given internally.

SALICYLIC ACID, 548. And salicylate of soda lessen temperature. Not much used now.

STRYCHNIA, 515. Hypodermically for paralysis after scarlet fever.

SULPHATE OF MAGNESIA, 200. And other purgatives prevent sore throat and other sequelæ.

SULPHUROUS ACID, 160. Inhalation, spray or fumigation in malignant sore throat.

VERATRUM VIRIDE, 401. Has been employed in convulsions.

SCIATICA.

ACONITE, 414. As ointment, generally belladonna better.

ACTÆA, 411.

ACUPUNCTURE, 85, 97. Along the course of sciatic nerve, often cures long-standing cases.

ANTIPYRINE, 553. Internally.

ATROPIA, 471. Hypodermically, but generally morphia better.

BELLADONNA, 477.

BRINE BATHS, 65. At Droitwich and at home.

CHLORIDE OF AMMONIUM, 194.

CHLOROFORM, 338. Inhalation.

COUNTER-IRRITATION, 103. Free vesication by cantharides—acupuncture sometimes very serviceable.

ETHER, 85, 340. As spray, sometimes removes pain permanently—generally only temporarily.

GALVANISM, 85.

GUAIACUM, 411. Has been employed for sciatica.

IODIDE OF POTASSIUM, 135. Sometimes relieves, but often fails.

METHYL CHLORIDE, 340. As spray.

MORPHIA, 495. A single hypodermic injection sometimes permanently cures long-standing cases. If not it may be repeated every second day or so.

NEEDLE, 103. On the sciatic nerve.

POULTICES, 79. Applied very hot.

SALICYLATE OF SODA, 550.

SALOL, 551.

SULPHUR, 113. Locally.

TURKISH BATHS, 72.

TURPENTINE, 402. In half-ounce doses for four or eight successive nights, has been very successful.

VERATRIA, 402. As strong ointment. Veratrum viride as tinct. has also been recommended (p. 431).

SCREAMING AT NIGHT. (*See Night Screaming.*)

SCROFULA. (*See Sores.*)

BLISTERS, 104. For scrofulous glands.

CALOMEL, 232. As ointment for sores.

CHLORIDE OF CALCIUM, 188. Ten to twenty grain doses in milk after food when glandular enlargement of neck and chronic diarrhœa.

——————— 189. With glandular enlargements.

COD-LIVER OIL, 295. Of great service in the various manifestations of this disease, as chronic discharge from ears and nose, strumous ophthalmia, strumous disease of bones, abscesses, &c.

IODINE, 124. Tinct. or ointment applied over scrofulous glands—take care not to increase inflammation.

IRON, 214. Must be long continued.

PHOSPHATE OF LIME, 191. Of great use for scrofulous sores.

SOFT SOAP, 168. As application in acute and chronic inflammations, mesenteric diseases, caries, and periostitis, when of a scrofulous nature.

SULPHIDES, 119. For sores, abscesses, suppurating glands. (See ref.)

SCURVY.

ACIDS, 156. Especially vinegar to prevent scurvey in the absence of lime-juice or fresh vegetables.

ALCOHOL, 320. Diluted as gargle.

ATROPIA, 470. Hypodermically.

SEA-SICKNESS. (*See also Vomiting.*)

CHLORAL, 348.

CHLOROFORM, 330. Drop doses of pure chloroform.

NITRITE OF AMYL, 361. Inhalation for prevention of sea-sickness. Internally for a peculiar affection allied to sea-sickness.

NITRO-GLYCERINE, 366.

SPINAL ICE-BAG, 87.

SEMINAL EMISSIONS. (*See Spermatorrhœa.*)

SENILE DECAY.

COD-LIVER OIL, 287. With phosphorus.

PHOSPHORUS, 287. Many cases improve.

SEPTICÆMIA. (*See Pyæmia.*)

SEXUAL DESIRE, INORDINATE.

CAMPHOR, 370.

SHINGLES. (*See Herpes.*)

SICK HEADACHE.

ACONITE, 413. The ointment to be rubbed over the painful brow at commencement.

——— 413. As ointment in neuralgic sick headache.

SICK HEADACHE—*continued.*

ANTIPYRINE, 529. Highly useful.
BROMIDE OF POTASSIUM, 144. When associated with "nervous" state, which it often is at the "change of life."
——————————— 354. When due to uterine disorder.
CAFFEINE, 529. As effervescing citrate useful in sick headache.
CANNABIS INDICA, 521. Especially valuable in preventing attacks when from fatigue, &c., they become unusually frequent. Useful where much or little sickness, also sometimes in the severe continuous forms. One-third to half a grain of the extract at commencement of attack will sometimes cut it short.
May be combined in pill with iron or aloes.
CHAMOMILE, 555. A popular remedy.
CHLORIDE OF AMMONIUM, 194.
COCAINE, 536. Internally.
CROTON-CHLORAL, 355. Especially in the milder forms without severe vomiting and retching. Often bromide useful afterwards.
——— ——— 355. When the headache predominates.
FRIEDRICHSHALL WATER, 197. A wineglassful in a breakfast-cup of hot water for bilious sick headache.
MERCURY, 249, 250. As blue pill.
NITRITE OF AMYL, 361. As inhalation.
NITRO-GLYCERINE, 366. A tablet every hour immediately headache begins. May be given in a paroxysmal period—often successful, but frequently fails.
NUX VOMICA, 512. A drop of the tinct. very frequently in acute gastric catarrh with much headache and slight nausea.
PHOSPHORUS, 287.
PODOPHYLLUM, 409. When there is either diarrhœa or constipation, with dark-coloured motions. If the diarrhœa is of a light colour the hundredth part of a grain of bichloride of mercury three times a day.
SALICYLATE OF SODA, 529.
VALERIANATE OF ZINC OR OF AMMONIA, 379. In two to five gr. doses three times daily.
VERATRIA, 403. The ointment to be rubbed over the painful brow at commencement.
——— 403. As ointment where tenderness of skin present. It often subdues pain, prevents vomiting, and shortens the attack.

SICKNESS. (*See Vomiting.*)

SKIN AFFECTIONS, CHRONIC.

COD-LIVER OIL, 296. When syphilitic or otherwise.

SKIN, TORPID.

ACIDS, 150. Greatly diluted nitric or hydrochloric, as bath.

SLEEPLESSNESS.

ALCOHOL, 326. In fevers if it produce sleep and quell delirium.
BROMIDE OF POTASSIUM, 144, 145. Especially when delirium like that of delirium tremens or accompanying mental anxiety, hysteria, pregnancy, and general nervous irritability. Dose 20 to 30 grs. It increases hypnotic effect of hyosc., cannabis ind., ether and chloroform.
CANNABIS INDICA, 521. Rather uncertain.

SLEEPLESSNESS—*continued.*

CHLORAL, 346. In old people, delirium tremens, paralysis of insane, acute mania, puerperal mania, puerperal convulsions, typhus, phthisis, convulsions of children.
CODEIA, 509. And narcein, both soporifics.
CROTON-CHLORAL, 356. One drachm may be given.
ETHER, 340. Or spirits of chloroform in a full dose
GELSEMIUM, 465. In mania, drunkards, and over-excitement.
HYOSCYAMUS, 488. When opium disagrees.
MORPHIA, 495. Hypodermically injected in acute mania, delirium tremens, chorea, &c.
OPIUM, 500, 501. A rectal injection sometimes succeeds best, *e.g.*, for dyspeptics or convalescents from acute disease, also used in delirium tremens and traumatic delirium.
——— 504. In fevers.
——— 506. The time of administration important—should be given so as to act at the time when the patient is naturally inclined to dose.
It should not be given in chronic sleeplessness independent of any very notable disease, chloral and bromide of potassium much better in dyspepsia and uterine derangements.
PHOSPHORUS, 287. When depending on cerebral anæmia—also in the aged.
REMOVAL INLAND, 52. When restlessness at night is produced by sea-bathing.
SITZ-BATH, 54. At 60° to 80°.
TARTAR-EMETIC, 260. In the delirium of typhus and other fevers.
WARM BATH, 64. Or sponging, in fever and convalescence.
——— 64. In inflammatory affections.

SMALL-POX.

COLLODION, 289. Or solutions of india-rubber or gutta-percha in chloroform prevent pitting in small-pox.
LIME, 186. Cotton-wool cut in proper shapes is dipped into lime liniment and applied to face and neck to prevent pitting.
MERCURY, 239. Formerly used in ointments or plasters to prevent pitting.
PACKING, 55. Especially on retrocession of rash.
SILVER, NITRATE OF, 228. By fourth or fifth day puncture vesicles with needle dipped in solution 20 grs. to 1 oz., or simply paint the skin. This plan prevents pitting.

SNEEZING.

ARSENIC, 263. A drop of the liquor three times a day in paroxysmal sneezing allied to asthma.
CAMPHOR, 368. In incessant sneezing with profuse running from eyes and nose. The powder should be sniffed or the alcoholic solution inhaled.
IODIDE OF POTASSIUM, 133. In paroxysmal sneezing ten grs. several times a day.
IODINE, 126. Inhalations in paroxysmal sneezing with itching at the nose.

SOMNAMBULISM.

BROMIDE OF POTASSIUM, 145. In the somnambulism of children, which is allied to epilepsy.

SORE FEET.

WASHING SODA, 177. A tablespoonful in half a gallon of warm water as foot-bath for half an hour in tenderness of soles.

Sore nipples. (*See Nipples, Sore.*)

Sores. (*See also Ulcers.*)

Alcohol, 319. To cover sores with thin protecting layer of coagulated albumen.
Alum, 206. Dry or in solution to relaxed and abundantly secreting sores.
Camphor, 367. For dusting on indolent sores.
Carbolic acid, 314. Applied as stimulant and antiseptic.
Caustic alkalies, 163. Applied to hard edges.
Charcoal, 81. Locally to sloughing sores.
Chloride of lime, 82. Added to poultice for offensive gases.
Chlorine solution, 122. For sloughing and indolent sores, as a wash.
Cinchona, 537, 538. The powdered bark dusted over sloughing ulcers, &c.
Copper, 251. The sulphate as stick, solution, or ointment to indolent sores.
Glycerine of carbolic acid, 302. A good application to fœtid sores.
Hamamelis, 308. On lint or cotton-wool when oozing.
Iodide of starch, 82. As a poultice, cold. (See ref.)
Iodine, 127. Sores of throat, syphilitic and simple.
Iodoform, 342. Dusted over spreading or sloughing sores.
Iodol, 343. Dusted over sores prevents suppuration. Very useful in syphilitic and gangrenous sores.
Lead, 221. The soluble salts as lotion to unhealthy over-secreting sores.
Lime, 186. As carbonate or lime-water to check discharge.
Mercury, 238. Calomel ointment or black wash in scrofulous or tubercular lupus, and in open scrofulous sores.
Nitric acid, 150. To surface of unhealthy and indolent sores.
Opium, 494. Or morphia with glycerine as an application to cancerous or simple sores, to relieve pain.
Phosphate of lime, 191.
Sulphide of calcium, 118. When thin ichor discharged.
Tannin, 303. Or glycerine of tannin to coat over wounds and profusely discharging sores.
Yeast, 81. As poultices, in sloughing sores.
Zinc, sulphate of, 253. To unhealthy free secreting sores.

Sore throat. (*See Throat, diseases of.*)

Spasmodic affections.

Aconite, 416. In spasmodic laryngitis rapidly produces good effects.
Ammonia, 181. Useful in children's intestinal colic, &c.
Camphor, 369.
Chloroform, 329. Vapour in spasm of intestines.
Hot sand, chamomile flowers or tile, 83. Locally in painful "spasms."
Opium, 507. Very useful as an antispasmodic, especially if given with a stimulant, as alcohol, ether, or chloroform.
Sulpho-carbolates, 316. In flatulent "spasms;" some time phosphorus better.

Spermatorrhœa.

Belladonna, 479. A quarter grain of the extract with one-and-a-half grain zinc. sulph. three or four times a day, often successful in cases of nocturnal seminal emissions.
Bladder to be emptied after first deep sleep, 147.
Bromide of potassium, 146. Supplemented by cold sponging of scrotum and perinæum and suspension of testes in water; use of a hard mattress and abstention from suppers; patient to be waked up after six or seven hours' sleep.
Cantharides, 383. With iron internally in emissions.
Cold douche, 71. To perinæum and buttocks with suspension of testicles in cold water.
Cold sponging, 69.
Digitalis, 433. One or two drachm doses of the infusion very efficacious.
Hypophosphites, 193. Of lime or soda.
Phosphorus, 287. For physical or mental debility induced by spermatorrhœa.
Quinia, 545. Has been recommended.
Spinal ice-bag, 86.
Strychnia, 516. In large doses, especially when associated with impotence.

Spinal irritation.

Aconite, 414. As ointment.
Belladonna, 414. Preparations locally applied generally better than those of aconite.

Sprain.

Cold douche, 71. Salt may be added. The force must be regulated by condition of tissues.

Stings.

Ammonia, 180. Weak solutions in stings of insects to neutralize the formic acid.

Stomach, diseases of. (*See also Vomiting.*)

Acids, 154. Nitric or hydrochloric in small doses for acid eructations, heartburn, and discomfort in chest and epigastrium due to excess of acid in stomach.
Alkalies, 169. In pain of stomach. Liquor potassæ generally used.
Ammonia, 181. Internally as an excitant when functions of stomach and upper intestines depressed.
Arsenic, 270. A drop of liq. arsen. before food in irritative dyspepsia, and in vomiting of drunkards. Useful in chronic ulcer and cancer; also in heartburn and gastralgia, and in chronic dyspepsia with diarrhœa which is excited by food.
Belladonna, 472. In some painful affections.
Bismuth, 219. Especially the nitrate, eases the pain in both organic and functional diseases—as cancer, chronic ulcers, chronic inflammation, and especially chronic gastritis of drunkards, also in gastrodynia and cramp; acute and chronic catarrh of stomach in children causing vomiting yield to this, also the various forms of pyrosis.
Carbonic acid water, 109. In painful and irritable conditions, may be mixed with milk; useful where constipation.

STOMACH, DISEASES OF—*continued.*

CHARCOAL, 107. In ulcer of stomach, also in neuralgia.

CHLORAL, 348. Sometimes relieves pain of gastralgia.

CHLOROFORM, 330. Drop doses in flatulent distension, sea-sickness, and other vomitings.

COCAINE, 537. In form of pill averts vomiting and eases pain of disease of stomach.

CONIUM, 444. Sometimes relieves pain of cancer.

COUNTER-IRRITATION, 104. At epigastrium often allays pain and obstinate vomiting due to disease of stomach.

CREASOTE, 311. Checks pains after food, also many forms of vomiting.

EUCALYPTUS, 378. In chronic catarrh and in vomiting from sarcinæ.

GLYCERINE, 302. ℥j or ℥ij in tea, &c., in flatulence and acidity.

HYDROCYANIC ACID, 492. Much used in painful diseases, as chronic ulcer, cancer, chronic gastritis, gastralgia, &c. May check vomiting as well as relieve pain.

ICE-BAG, 83. To epigastrium, for pain and vomiting in cancer, ulcer, &c.

IRON, 211. Astringent preparations in hæmorrhage from stomach.

LEAD, 222. Soluble preparations have been recommended in pyrosis.

LIME-WATER AND MILK, 187. When disease.

MAGNESIA, 184. As oxide and carbonate—action mild—very suitable for children—often combined with rhubarb.

Bicarbonate, or, as it is often called, fluid magnesia, is a useful and mild aperient.

MANGANESE, 217. Black oxide in gastrodynia and pyrosis.

NUTRIENT ENEMATA, 95. In painful diseases as chronic ulcer, and when persistent vomiting.

NUX VOMICA, 390. One or two drops of the tinct. every two hours or oftener when tongue coated and there is chronic catarrh of stomach in the course of chronic disease, also when there is flatulence and indigestion, or heartburn.

——— 512. One drop every five or ten minutes for eight or ten doses in acute gastric catarrh with headache or sick headache.

OPIUM, 499. Or morphia, to quell pain of many stomach affections, and to relieve the vomiting, thus it is useful in cancer, chronic ulcer and chronic gastritis from excessive indulgence in alcoholic drinks.

——— 499. For the pain, nausea, and want of appetite accompanying alcoholism, small doses of morphia combined with tonics very efficacious. For gastrodynia with heartburn, small doses of morphia with bismuth.

SALICYLATE OF SODA, 550. In gastralgia and fermentation in the stomach.

SILVER, NITRATE OF, 161. Given in solution to check pain and vomiting of chronic inflammation, chronic ulcer, and even cancer.

STRYCHNIA, 510. Hypodermically for gastralgia and gastrodynia.

SULPHITES AND HYPOSULPHITES, 161. To destroy sarcinæ and torulæ.

TANNIN, 306. Sometimes given for irritative dyspepsia, also in hæmorrhage.

TURPENTINE, 371. In hæmorrhage from chronic ulcer, &c., five to ten drops frequently repeated.

ZINC, SULPHATE OF, 254. In less than emetic doses in painful affections due to chronic inflammation of mucous membrane.

STOMATITIS. (*See Mouth, diseases of.*)

ACIDS, 151. As astringents in ulcerative stomatitis; others, however, are preferable.

ALUM, 207. In ulcerative stomatitis, applied dry with the finger many times a day, especially where disease affects one-half the jaw.

BORACIC ACID, 162. As lotion, one in fifty.

CHLORATE OF POTASH, 203. In ulcerative stomatitis.

COPPER, SULPHATE OF, 251. Solution painted over edges of gums in ulcerative stomatitis. Generally dry alum better.

GLYCERINE OF TANNIN, 306. In ulcerative stomatitis.

LIME-WATER, 187.

SALICYLIC ACID, 550. One part (dissolved in sufficient alcohol) to 250 parts of water eases pain of catarrhal stomatitis.

STONE. (*See Calculi.*)

STOUTNESS. (*See Obesity.*)

STRICTURE.

OPIUM, 507. In spasmodic stricture.

STRUMA. (*See Scrofula.*)

SUNBURN.

VASELINE AND PETROLEUM, 309.

SUNSTROKE.

COLD AFFUSION, 69. When patient struck down unconscious.

SUPPURATION.

QUINIA, 545. Has been recommended in profuse suppuration.

SULPHIDE OF CALCIUM, 116. When ichor instead of pus is secreted. It will also arrest suppuration, or, if that is impossible, will hasten maturation.

SUSPENDED ANIMATION AT BIRTH.

COLD WATER, 46. Smartly sprinkled on face.

SWALLOWING LIQUIDS, CONGENITAL DIFFICULTY IN.

BROMIDE OF POTASSIUM, 140. When no diphtheria or malformation.

SWEATING. (*See Perspiration, excessive.*)

SYCOSIS.

MERCURY, 234. Bichloride, two grains to one ounce of water applied as lotion after each epilation.

——— 236. The oleate.

SYNCOPE. (*See Fainting.*)

Synovitis.

Blisters, 105. A flying blister every night in chronic synovitis.
Iodine, 123. Painted round joint in chronic synovitis.
Mercury and morphia, oleate of, 235. Locally applied.
Soft-soap, 168. Applications.

Syphilis. (*See Chancre.*)

Cod-liver oil, 296. In chronic skin affections.
Iodide of iron, 216. Where anæmia.
Iodide of potassium, 134. In secondary and tertiary syphilis. (See ref.) Large doses required for some syphilitic sores. (Caution, p. 138.)
Iodol, 343. In secondary syphilis.
Lamp-bath, 76.
Mercury, 134. For secondary syphilis of children. Iodine sometimes best.
——— 237. Corrosive sublim. half an ounce, ammon. chlor. one ounce, in a bath for obstinate rashes.
——— 238. Black wash very useful in syphilitic sores generally, in mucous tubercles, and in the elevated indurations, larger and more irregular than mucous tubercles occurring near the anus of children. Calomel or citrine ointment may be substituted for black wash.

Calomel dusted over condylomata will remove them.

The cynanide, ten to fifteen grains in an ounce of water, may be applied to rashes and sores on throat, tongue, penis, anus, &c. For those on the prepuce five grains to the ounce quite strong enough. Should be applied with soft brush to chancres, and these should be kept moist with lint soaked in black wash.

Mercurial applications mixed with tar, &c., are useful in syphilitic psoriasis.

Mercurial fumigations, moist or dry, for eradicating syphilis. These sometimes produce prostration.
——— 239. Mercurial and calomel ointments may be rubbed into delicate parts of the skin to mercurialize the system.

Bichloride has been injected subcutaneously.

In syphilitic ozœna nitrate of mercury ointment, partially melted, may be applied twice a day after nose well cleared.

For discussion on the use of mercury in syphilis, see p. 248.
——— 247, 248. The twenty per cent. ointment of the oleate in the axilla useful for both children and adults.
Nitric acid, 157. In secondary syphilis.
Oils of mezereon and sassafras, 376. Reported useful.
Soft-soap, 168. Applications in glandular swellings.
Zinc, 253. Chloride, iodide, nitrate, locally to syphilitic ulcers.

Teeth, affections of.

Aconite, 413. Ointment or liniment for facial neuralgia due to diseased teeth; will succeed quickly if at all.
Arsenic, 263. As escharotic to destroy pulp.
——— 263. When for pain may be mixed with opium. It sometimes at first aggravates pain.
Bromide of potassium, 142. For irritability and convulsions in teething.
Capsicum, 386. A strong infusion applied on lint for toothache.]

Teeth, affections of—*continued.*

Chloral, 349. Rubbed up with equal weight of camphor and rubbed gently in externally or put into cavity.
Chloroform, 330. Two or three drops on cotton-wool in ear, or into tooth, or hold over hollow tooth a bit of rag moistened with chloroform.
——— 330. Equal parts of chloroform and creasote a good application.
Cocaine, 535. The citrate pressed into a painful cavity, and before removing tartar.
Collodion, 289. Mixed with crystallized carbolic acid, which has been melted in a test-tube, may be inserted into a tooth with exposed and inflamed pulp on cotton-wool: the pain may be at first increased but is soon abolished.
Creasote, 311. With tannin or opium into hollow of decayed tooth often gives relief.
Croton-chloral, 358. Sometimes relieves toothache. Of use if with neuralgia.
Gelsemium, 456, 464. In some forms of toothache.
Hot water, 88. Rinse with—sometimes cold better.
Hypophosphites, 193. Of lime or soda in teething.
Iodine, 127. Tincture painted over gums close to teeth when these begin to recede and expose teeth. Also to remove tartar from teeth.
Morphia, 495. Hypodermically injected for severe toothache.
Opium, 497. Mixed with tannin or creasote and inserted into the hollow of a painful tooth, where inflamed pulp exposed.
Volatile oils, 374. In toothache.
Zinc, chloride of, 253. To destroy exposed painful pulp.

Tetanus.

Calabar bean, 446. If possible by mouth, if not, hypodermically or by anus. It must be pushed till just short of arresting the breathing, and should be given at the very beginning. The liquid extract is used.
Chloral, 348. In large doses has sometimes cured.
Conia, 444. Hypodermically.
Ether, 340. Spray to spine every two hours for tetanus.
Gelsemium, 465.
Nicotia, 440. By rectum or hypodermically, appears to be useful in many cases.
Nitrite of amyl, 359. Inhalation may be tried, or it may be given subcutaneously.
Spinal ice-bag, 87.

Thirst.

Acid drinks, 149. In fevers, promote secretion of saliva.
Ice, 83. Sucking ice allays thirst.
Tepid drinks, 88. In diabetes.

Thread worms. (*See Worms.*)

Throat, diseases of.

Aconite, 416. In tonsillitis and acute sore throat, when temperature high, drop or half-drop doses of the tincture every quarter of an hour for two hours, then every hour, will almost certainly prove efficacious.
Alcohol, 320. Diluted, as gargle in relaxed throat, scurvy, salivation, &c.

THROAT, DISEASES OF—*continued.*

ALUM, 207, 208. Dry or in solution, in simple or scarlatinal sore throat, in tonsillitis, and even diphtheria.

Gargles in chronic inflammations, but glycerine of tannin better.

ANTIMONY, 259. One-quarter to one-half a grain of tartar-emetic every hour in tonsillitis.

ANTISEPTIC SOLUTIONS, 122. In sloughing.

ARSENIC, 263. In medicinal doses in sloughing of throat or malignant sores.

BELLADONNA, 471. Internally in severe inflammatory diseases, especially when throat and tonsils acutely inflamed and much swollen—may be given with aconite.

CAPSICUM, 386. One drachm of the tinct. to half a pint of water as a gargle in some sore throats, and in the very early stage of tonsillitis and pharyngitis, also in malignant sore throat and in relaxed throat.

CARBOLIC, 315. Spray to nose or gargle in contagious sore throat.

COCAINE, 534. Painting with a 20 per cent. solution in ulcerations of epiglottis. A 4 per cent. solution in tonsillitis repeated every hour relieves pain. Sometimes as spray.

COLD COMPRESS, 417. Used nightly to harden throat, when tendency to catarrh. It should be swabbed daily with glycerine of tannin. Inhalations of sulphurous or carbolic acid useful.

CREASOTE, 311. Or carbolic acid gargle in sloughs of throat.

GLYCERINE OF TANNIN, 305. After acute inflammation; in ulceration in aphthous sore throat; in chronic inflammation; often when accompanied by deafness or cough, provided no catarrh or phthisis or teething irritation.

GUAICUM LOZENGES, 411. In follicular pharyngitis.

ICE, 84. Very valuable, constantly sucked in tonsillitis, sore throat, &c.

—— 85. A poultice of broken ice in an india-rubber bag in tonsillitis, scarlet fever and diphtheria, especially when lymphatic glands much swollen.

IODINE, 126. Tincture injected into hypertrophied tonsils.

——— 127. Tincture applied locally to sores, whether syphilitic or not.

IPECACUANHA WINE, 398. As spray in non-inflammatory sore throat and hoarseness from congestion of vocal cords.

MERCURY, 241. In acute tonsillitis when tonsils almost meet, the third of a grain of grey powder every hour beneficial even if an abscess has formed.

MERCURY AND MORPHIA, OLEATE OF, 263. In obstinate and painful tonsillitis.

NITRATE OF POTASH, 203. Crystals sometimes sucked in acute inflammation, but other remedies preferable.

NITRATE OF SILVER, 230. In early stage of inflammation locally applied may cut it short. Solutions are used in chronic sore throat, but generally tannin and other astringent but non-irritant applications better unless in a sloughing condition. Sometimes used in diphtheria on inflamed patches only. Sometimes applied to chronically inflamed larynx, as in phthisis, by brush or spray.

Sometimes injected into trachea in asthma, bronchitis and phthisis (see p. 230).

NITRIC ACID, 151. Applied undiluted to foul sloughs.

SALICYLATE OF SODA, 550. Extremely successful in quinsy.

———————— 550. In quinsy.

SULPHIDES, 115. As natural waters, especially useful in follicular pharyngitis.

THROAT, DISEASES OF—*continued.*

SULPHUROUS ACID, 160. Inhalation, spray, or fumigation, for malignant sore throat, whether scarlatinal or otherwise.

TANNIN, 306. A spray of five per cent. tannin in diphtheria and croup.

ZINC, SULPHATE OF, 253. As gargle occasionally employed in relaxed throat.

THRUSH.

BORAX, 168. With honey or as glycerine of borax.

COPPER, SULPHATE OF, 251. A weak solution to be painted over mucous membrane.

GLYCERINE, 302. Will sometimes cure.

GLYCERINE OF BORAX, 302.

SALICYLIC ACID, 550. One part (dissolved in alcohol) to 250 of water.

SULPHUROUS ACID, 160. As solution, strong or diluted, locally applied.

TIC. (*See Neuralgia.*)

TINEA FAVUS.

MERCURY, 234. A lotion of two grains of the bichloride in an oz. of water applied after each epilation.

———— 236. As oleate, see Tinea sycosis.

OILS, 290. To facilitate removal of scabs—poultices used also preparatory to epilation.

——— 290. Head to be greased freely to prevent spreading. Other members of family should also grease freely. A mild mercurial pomade or quinine in glycerine best.

SULPHUROUS ACID, 159. The Pharmacopœia acid with glycerine. If the case is obstinate epilation assists.

TINEA SYCOSIS.

MERCURY, 234. A lotion containing two grs. of the bichloride to an oz. of water to be applied after each epilation.

———— 236. The five per cent. solution of oleate in oleic acid with the addition of an eighth part of ether.

TINEA TARSI.

BLISTERS, 104. To temple, frequently repeated in obstinate cases.

MERCURY, 234. The irritant ointments. Eyelashes to be cut short and ointment applied night and morning after picking off scabs. Ung. hydrag. nit. should not be diluted to more than half its strength. Sometimes best undiluted.

———— 236. As oleate, see Tinea sycosis.

SILVER, NITRATE OF, 229. Solid in obstinate cases after removal of scabs.

SULPHATE OF COPPER, 251. As nitrate of silver, but milder.

TINEA TONSURANS.

ACETIC ACID, 150. Strong, locally.

CROTON OIL, 299. Liniment applied with brush, followed by poultice.

IODINE, 124, 125. Two drachms with an oz. of oil of wood tar, as a local application.

GLYCERINE OF CARBOLIC ACID, 315. In early stages.

MERCURY, 234. For lotion, see Tinea favus.

———— 236. As oleate, see Tinea sycosis.

OILS, 290. See Tinea favus.

SULPHO-CYANIDE OF POTASSIUM, 491. Half an ounce with one oz. glycerine and seven ozs. of water as lotion. (See ref.)

SULPHUROUS ACID, 159. See Tinea favus.

TURPENTINE, 370. Followed by iodine. (See ref.)

TOE-NAIL, INGROWING.
POTASSA, 166. Cotton-wool kept moist with liquor potassæ pressed down between nail and soft parts.

TONSILLITIS. (*See Throat, diseases of.*)

TOOTHACHE. (*See Teeth, affections of.*)

TORTICOLLIS.
CAPSICUM, 386. A handful of the crushed pods are infused for 36 hours in a pint of hot or cold water and applied on lint covered with gutta-percha.

TORULÆ. (*See Sarcinæ.*)

TUBERCULOSIS. (*See Phthisis.*)
ARSENIC, 281. Appears to reduce temperature, and is perhaps beneficial in many ways.

TUMOURS.
CHLOROFORM, 338. In diagnosis of abdominal tumours, also in that of phantom tumours.

TYMPANUM, RUPTURE OF. (*See Ear, diseases of.*)

TYPHLITIS.
ICE POULTICE, 83. To right side of lower part of abdomen.
CHLORAL, 346. Often employed for typhoid. Opium better.

TYPHOID FEVER. (*See also Fevers.*)
ALUM, 209. For the diarrhœa.
COLD AFFUSION, see p. 58.
COLD COMPRESSES OR PACKING, 58.
DIGITALIS, 433. Recommended by Wunderlich to lower temperature and slacken pulse.
ERGOT, 524. For intestinal hæmorrhage—hypodermically if urgent.
HYDROCYANIC ACID, 157.
ICE POULTICE, 83. To right side of lower part of abdomen.
LEAD, 223. The acetate with opium for the purging.
MERCURY, 246. Corrosive sublimate, the hundredth of a grain every two or three hours for the diarrhœa.
——— 250. Calomel, in small doses at commencement, not to be pushed so as to touch the gums.
OPIUM, 499. In small doses at night for wakefulness with delirium, and also for the diarrhœa. (See also p. 499.)
——— 500. May be given as injection for diarrhœa.
QUINIA, 543. To reduce temperature.
SALOL, 551.
SULPHUROUS ACID, 160.
TURPENTINE, 371. In five to ten drop doses frequently repeated for hæmorrhages; and in ten min. doses every two hours in the advanced stage with a dry tongue, or drachm doses every six hours may be given when tympanitis and prostration but without diarrhœa. (See also p. 4.)
VERATRUM VIRIDE, 401. Has been employed.

TYPHUS FEVER. (*See also Fevers.*)
ANTIMONY, 260. In the delirium with wakefulness—tartar-emetic combined with opium. (See Fever.)
BELLADONNA, 471. Said to clean the tongue. (See also p. 478.)

TYPHUS FEVER—*continued.*
CHLORAL, 346. To produce sleep and allay violent delirium.
COLD AFFUSION, 60.
QUINIA, 543. To reduce temperature.

ULCERS. (*See also Sores.*)
CHLORATE OF POTASH, 204. In solution as a wash to clean and stimulate foul ulcers—other remedies better.
CINCHONA, 537, 538. The powdered bark dusted over foul, indolent, sloughing and gangrenous ulcers promotes the healing process.
CONIUM, 441. Locally applied by means of a poultice, will ease the pain and improve the character of the sore.
GLYCERINE OF TANNIN, 230. If not sloughing.
NITRIC ACID, 151. Locally to destroy foul, unhealthy surface. As lotion to indolent and painful ulcers.
SILVER, NITRATE OF, 230. Applied to unhealthy ulcers. Also to ulcers of mouth (p. 230).

URETHRITIS.
BOROGLYCERIDE, 162. As injection.

URIC ACID, EXCESS OF, IN URINE.
ALKALIES, 171. Citrates are best.

URINE, INCONTINENCE OF. (*See Incontinence.*)

URINE, SUPPRESSION OF.
COPIOUS INJECTIONS, 94. Beneficial in some cases.

URTICARIA.
ALKALIES, 164. (See Pruritus.)
BENZOIC ACID, 375. In eau de Cologne.
BENZOIN, 375. The comp. tinct. painted on the skin for itching.
CHLOROFORM, 329. As ointment to allay itching.
COLCHICUM, 406. In gouty persons.
CYANIDE OF POTASSIUM, 491. Or hydrocyanic acid. (See Itching.)
LEAD, 221. Lotions to ease itching.
NITRIC ACID, 150. A dilute wash controls itching and prevents wheals.
WARM BATHS, 64.

UTERINE DISEASES.
ACTÆA RACEMOSA, 412. To prevent miscarriages in irritable uterus and prolapsus.
BELLADONNA, 470. With tannin and suppository in neuralgia of uterus.
CAMPHOR, 368. A saturated solution in eau de Cologne to be rubbed into the head for drowsiness or headache of uterine origin.
CARBOLIC ACID, 315. A weak solution as injection in cancer, &c.
——————— 317. Pure in ulcer of os and cervix and chronic inflammation of uterus or cervix. (See ref.)
CARBONIC ACID GAS, 108. Injected up vagina for pain of ulceration of os, cancer and neuralgia of uterus.
CAUSTIC LIME, 185. Mixed with caustic potash as escharotic in affections of neck of uterus.
CHLOROFORM, 329. As spray in cancer, ulceration of os, and neuralgia, must be continued some minutes.
ERGOT, 524. Hypodermically for fibrous tumour.
——— 525. The most valuable medicine known for uterine hæmorrhage—must be given in full doses and repeated every hour or so. Dry cupping over the sacrum useful, perfect rest necessary.

UTERINE DISEASES—*continued.*

GLYCERINE, 302. In congested neck of womb a pledget of cotton-wool saturated with glycerine and applied for several hours will induce a copious discharge of serum which will give as much relief as leeches,—a piece of twine should be fastened to it.

GLYCERINE OF TANNIN, 307. Checks discharge and stench of cancer, better still if mixed with glycerine of carbolic acid.

IODOFORM, 342. As bolus with cocoa fat inserted into excavation produced by cancer.

IRON, 216. Locally in uterine catarrh.

LEAD, 222. As plaster for pain in back due to uterine disease.

OPIUM, 500. An injection into the rectum of laudanum and starch will subdue the pain of uterine diseases.

VACCINATION.

ACONITE, 420. For erysipelatous redness after vaccination. This treatment may be supplemented by the local application twice daily of belladonna ointment.

VAGINA, DISEASES OF. (*See Vulvitis.*)

BOROGLYCERIDE, 162. As injection in vaginitis.

COCAINE, 536. Suppositories and pessaries in painful conditions. A lotion relieves vaginismus.

GLYCERINE OF TANNIN, 304. In chronic vaginitis of children.

VARICOCELE.

COLD DOUCHE, 71. To perinæum and buttocks, with suspension of testicles in cold water.

HAMAMELIS, 308.

VERTIGO, AURAL.

GELSEMIUM, 464. The tincture in 10 min. doses thrice daily.

VOMITING.

ACIDS, 154.

ALUM, 208. In six to ten gr. doses in obstinate vomiting of phthisical patients excited by coughing.

ARSENIC, 270. One drop of liq. arsen. before food in vomiting of drunkards, also in chronic vomiting without pain or nausea, has been recommended in vomiting of cholera.

BICARBONATE OF SODA, 187. Half-drachm to a drachm to a pint of milk for infants, especially if constipated. If lime-water and bicarbonate of soda both fail, stop all milk and feed on sopped bread, water gruel and chicken or veal broth.

BISMUTH, 219. In many forms of vomiting in children, especially when due to acute or chronic catarrh of the stomach.

CARBONIC ACID WATER, 109. With milk.

CHLORAL, 343. In pregnancy.

CHLOROFORM, 330. In drop doses, pure, in sea-sickness and other vomiting.

COUNTER-IRRITATION, 104. At epigastrium often allays pain and obstinate vomiting due to diseases of stomach.

CREASOTE, 311. In sea-sickness, pregnancy, cancer, ulcer of stomach, and Bright's disease.

EUCALYPTUS, 378. When sarcinæ.

GELATINE, 187, 188. With milk, cream, and arrowroot, as food for young children. (See ref.)

HYDROCYANIC ACID, 492. Sometimes checks vomiting as well as relieves the pain of chronic ulcer, cancer, chronic gastritis, gastralgia, &c.

VOMITING—*continued.*

ICE-BAG, 83. To epigastrium for pain and vomiting of cancer, &c.

IPECACUANHA, 184. In sympathetic vomiting.

——— 389. In pregnancy (see ref.), at menstrual times, in the morning vomiting of drunkards, but here arsenic generally better. In morning vomiting from weakness and in convalescents, in acute catarrh of the stomach in children—may be combined with aconite if inflammation great, in whooping-cough—here sometimes alum better. In the vomiting occurring without nausea immediately after meals—here arsenic better.

LIME-WATER, 187. In chronic forms, as from chronic ulcer, mixed with milk—if vomiting incessant, patient should be fed on this only in frequent small quantities. Milk with one-eighth of lime-water often sufficient for infants in whom the gastric juice coagulates, milk causing vomiting, wind and colic. If they are constipated bicarb. of soda better. (See above.)

MAGNESIA, 184. In sympathetic vomiting—effects very transient.

MERCURY, 241, 243. As calomel, or better still grey powder, one-third grain every two hours in the sudden forcible vomiting of children. Small doses frequently given are useful when vomiting accompanied by clayey stools.

MORPHIA, 496. Hypodermically in pregnancy as well as other severe forms. Often arrests persistent hiccup.

NITRO-GLYCERINE, 366.

NUTRIENT ENEMATA, 95. In persistent vomiting.

NUX VOMICA, 390. When tongue coated with thick fur—may be given with ipecac.

OXALATE OF CERIUM, 184. One grain every three hours in sympathetic vomiting.

QUINIA, 184. In sympathetic vomiting.

——— 545. Sometimes useful in vomiting of pregnancy.

SPINAL ICE-BAG, 87. In pregnancy and sea-sickness.

VERATRUM ALBUM, 401. In vomiting and purging of summer diarrhœa.

VULVITIS.

ALUM, 207. A lotion, or if inflammation higher up an injection, of sixty grains to a pint of water, to be used every hour or oftener. The strength is occasionally too much.

GLYCERINE OF TANNIN, 304. In chronic vaginitis of children.

LEAD, 221. Solutions of the acetate or diacetate as wash when acute stage just subsided—later on stronger astringents needed.

LIME-WATER, 186. As a wash.

WARTS.

ARSENIC, 262. Arsenious acid as a caustic—enough to be used to excite active inflammation. (See ref.)

——— 262. Liquor arsenicalis may be painted over warts.

CAUSTIC ALKALIES, 163. Undiluted or mixed with caustic lime, locally.

CHROMIC ACID, 161. A solution of 100 grs. to one oz., applied with a glass rod so as just to saturate the diseased growth, any superfluous acid to be removed; dress with dry lint.

GLACIAL ACETIC ACID, 150. Very effectual.

MERCURY, NITRATES OF, 232. Locally applied.

NITRIC ACID, 150. A drachm or two of the dil. acid to a pint of water, as a wash to keep small syphilitic warts and condylomata constantly moist.

WARTS—*continued.*

SALICYLIC ACID, 550.
SILVER, NITRATE OF, 227. As caustic, but too superficial.
ZINC, 253. Chloride, iodide and nitrate locally.

WASTING DISEASES.

PHOSPHATE OF LIME, 191. In chronic cases.

WHEEZING.

ARSENIC, 276. In emphysematous persons —(see Emphysema). In the wheezing of children with oppressed breathing.

WHITE SWELLING.

IODINE, 125. A solution injected into the joint.

WHITLOW.

ANTIMONY, 259. As tartar-emetic. (See Inflammation.)
CARBOLIC ACID, 314. To benumb the surface during incision.

WHOOPING-COUGH.

ALUM, 209. When acute stage is over and there is no complication two to six grs. every three hours, or less every hour in glycerine or honey.
BELLADONNA, 477. Especially during third week. Children bear this drug well; ten minims of the tinct. may be given hourly to a child two or three years old, 478.
Of little use if complications exist.
BROMIDE OF POTASSIUM, 139. Especially in summer, 140. When uncomplicated, except with convulsions.
CANNABIS INDICA, 522. Has been found useful.
CARBONATE OF POTASH, 174. In one or two grain doses.
CHLORIDE OF AMMONIUM, 195.
CHLOROFORM, 329. Or ether, to lessen violence of paroxysms.
CLOVER, 520. A wineglassful occasionally through the day of an infusion made of two ounces of carefully dried red blossoms steeped in a pint of boiling water for four hours.
COD-LIVER OIL, 296. In middle and after stage.
CONIUM, 444.
ERGOT, 525. Said to be useful.
IPECACUANHA, 399. Useful in many cases.
LIME-WATER, 189. Useful from its astringency, as in some forms alum and tannin advantageous.
LOBELIA, 519. In spasmodic stages. Children very tolerant of this drug; for a child two years old, ten min. of the tinct. every hour and an additional dose each time the cough is imminent, provided the paroxysm gives sufficient warning.
MUSK, 318. Has been given.
MUSTARD, 385. Said to be useful.
OPIUM, 507. In convulsive stage. Sufficient should be given to produce slight heaviness, which should be maintained. (See ref.)
SENEGA, 564. Given by some.
SILVER, NITRATE OF, 230. A solution for sponging out throat or as spray. As spray when patient more than two or three years old.
TANNIN, 305. Applied to throat.
VALERIAN, 379. Preparations said to control paroxysms.
ZINC, 254. As oxide or sulphate.

WORMS.

ALUM, 567. As solution for injection.
ARECA NUT, 567. For tape worm.
BROMIDE OF POTASSIUM, 142. In convulsions caused by worms.
CHLORIDE OF AMMONIUM, 194. To prevent formation of thick mucus which serves as nidus for worms.
CHLOROFORM, 339. For tape worm.
COMMON SALT, 567. Chloride of ammonium and antimony to remove catarrhal state of mucous membrane.
EUCALYPTOL, 378. Injection for thread worms.
FILIX MAS, 565. For tape worm, to be taken on an empty stomach and followed by a purge. (See ref. for directions.)
INJECTIONS, 94. For thread worms; enough liquid should be used to reach a little higher than the rectum. Half a pint enough for an adult. Solution of salt, iron, &c., must not be too concentrated lest inflammation ensue.
IRON, 212. Tinct. ferr. sesquichlor. half an ounce in a pint of water, a good injection for thread worms, coagulating albumen.
KAMELA, 567. For tape worm.
KOUSSO, 565. For tape worm.
LIME-WATER, 188 and 567. As injection for thread worms.
OILS, 568. Reputed vermicides.
PELLETIERINE, 566. The tannate in tape worms.
PUNICA GRANATUM, 565. As infusion for tape worms.
QUASSIA, 555. The infusion useful for ascarides, as injection or by mouth.
SANTONIN, 566. For round and thread worms, in castor oil by mouth or as an injection or suppository.
SCAMMONY, 560. For thread worms in the rectum.
TANNIN, 306. As catechu, kino, red gum, rhatany, hæmatoxylum, in injections to destroy thread worms.
TONICS, 568. As cod-liver oil and iron to restore intestinal canal to healthy condition.
TURPENTINE, 371. As poison to tape and thread worms. (See also p. 567.)
VALERIAN, 379. Especially when convulsions.

WOUNDS.

ALOES, 557. Topically as a slight stimulant —often purges.
CARBOLIC ACID, 314. Locally.
COLLODION, 288. Paint over to adjust edges and exclude air.
HAMAMELIS, 308. On lint or cotton-wool when oozing.
ICE AND SALT, 84, 85. Applied to wound prevents inflammation.
IODOFORM, 342.
IODOL, 343. Cleans gangrenous wounds.
OPIUM, 500. To quiet intestinal movements in wounds of the abdomen.
SULPHUROUS ACID, 160. Solution constantly applied, diluted or not.
TANNIN, 303. Or glycerine of tannin to coat over wounds.
TURKISH BATH, 72. For pain in the seat of old wounds.

XERODERMA.

GLYCERINE, 301. Glycerine of starch to be rubbed in daily after a bath.
OILS AND FATS, 290. In conjunction with warm baths to lubricate skin.
VASELINE AND PETROLEUM, 309.

H. K. Lewis, Printer, 136, Gower Street, London, W.C.

WELLCOME LIBRARY INSTITUTE

October, 1888.

CATALOGUE OF WORKS

PUBLISHED BY

H. K. LEWIS

136 GOWER STREET, LONDON, W.C.

Established 1844.

SIR WILLIAM AITKEN, KNT., M.D., F.R.S.
Professor of Pathology in the Army Medical School.

ON THE ANIMAL ALKALOIDS, THE PTOMAINES, LEUCOMAINES, AND EXTRACTIVES IN THEIR PATHOLOGICAL RELATIONS. Crown 8vo, 2s. 6d.

E. CRESSWELL BABER, M.B. LOND.
Surgeon to the Brighton and Sussex Throat and Ear Dispensary.

A GUIDE TO THE EXAMINATION OF THE NOSE, WITH REMARKS ON THE DIAGNOSIS OF DISEASES OF THE NASAL CAVITIES. With Illustrations, small 8vo, 5s. 6d.

G. GRANVILLE BANTOCK, M.D., F.R.C.S. EDIN.
Surgeon to the Samaritan Free Hospital for Women and Children.

I.

ON THE USE AND ABUSE OF PESSARIES. Second Edit., with Illustrations, 8vo, 5s.

II.

ON THE TREATMENT OF RUPTURE OF THE FEMALE PERINEUM IMMEDIATE AND REMOTE. Second Edition, with Illustrations, 8vo, 3s. 6d. [*Just published.*

III.

A PLEA FOR EARLY OVARIOTOMY. Demy 8vo, 2s.

FANCOURT BARNES, M.D., M.R.C.P.
Physician to the Chelsea Hospital for Women; Obstetric Physician to the Great Northern Hospital, &c.

A GERMAN-ENGLISH DICTIONARY OF WORDS AND TERMS USED IN MEDICINE AND ITS COGNATE SCIENCES. Square 12mo, Roxburgh binding, 9s.

ASHLEY W. BARRETT, M.B. LOND., M.R.C.S., L.D.S.

Dental Surgeon to, and Lecturer on Dental Surgery and Pathology in the Medical School of, the London Hospital.

DENTAL SURGERY FOR GENERAL PRACTITIONERS AND STUDENTS OF MEDICINE. With Illustrations, cr. 8vo, 3s.

[LEWIS'S PRACTICAL SERIES.]

ROBERTS BARTHOLOW, M.A., M.D., LL.D.

Professor of Materia Medica and Therapeutics in the Jefferson Medical College of Philadelphia, &c., &c.

I.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. Sixth Edition, Revised and Enlarged, 8vo, 18s. [*Just published.*

II.

A TREATISE ON THE PRACTICE OF MEDICINE, FOR THE USE OF STUDENTS AND PRACTITIONERS. Fifth Edition, with Illustrations, large 8vo, 21s.

H. CHARLTON BASTIAN, M.A., M.D., F.R.S.

Examiner in Medicine at the Royal College of Physicians; Professor of Clinical Medicine and of Pathological Anatomy in University College, London; Physician to University College Hospital, and to the National Hospital for the Paralysed and Epileptic; Crown Referee in Cases of supposed Insanity.

PARALYSES: CEREBRAL, BULBAR, AND SPINAL. A MANUAL OF DIAGNOSIS FOR STUDENTS AND PRACTITIONERS. With numerous Illustrations, 8vo, 12s. 6d.

GEO. M. BEARD, A.M., M.D.

Fellow of the New York Academy of Medicine; Member of the American Academy of Medicine, &c.

AND

A. D. ROCKWELL, A.M., M.D.

Fellow of the New York Academy of Medicine; Member of the American Academy of Medicine, &c.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. Including Localized and General Faradization; Localized and Central Galvanization; Franklinization; Electrolysis and Galvano-Cautery. Fourth Edition. With nearly 200 Illustrations, roy. 8vo, 28s.

A. HUGHES BENNETT, M.D.

Member of the Royal College of Physicians of London; Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, and Assistant Physician to the Westminster Hospital.

I.

A PRACTICAL TREATISE ON ELECTRO-DIAGNOSIS IN DISEASES OF THE NERVOUS-SYSTEM. With Illustrations, 8vo, 8s. 6d.

II.

ILLUSTRATIONS OF THE SUPERFICIAL NERVES AND MUSCLES, WITH THEIR MOTOR POINTS; a knowledge of which is essential in the Art of Electro-Diagnosis. (Extracted from the above). 8vo, paper cover, 1s. 6d.; cloth, 2s.

E. H. BENNETT, M.D., F.R.C.S.I.

Professor of Surgery, University of Dublin.

AND

D. J. CUNNINGHAM, M.D., F.R.C.S.I.

Professor of Anatomy and Chirurgery, University of Dublin.

THE SECTIONAL ANATOMY OF CONGENITAL CŒCAL HERNIA. With coloured plates, sm. folio, 5s. 6d.

[*Now ready.*

DR. THEODOR BILLROTH.

Professor of Surgery in Vienna.

GENERAL SURGICAL PATHOLOGY AND THERAPEUTICS. In Fifty-one Lectures. A Text-book for Students and Physicians. With additions by Dr. ALEXANDER VON WINIWARTER, Professor of Surgery in Luttich. Translated from the Fourth German edition with the special permission of the Author, and revised from the Tenth edition, by C. E. HACKLEY, A.M., M.D. Copiously illustrated, 8vo, 18s.

DRS. BOURNEVILLE AND BRICON.

MANUAL OF HYPODERMIC MEDICATION. Translated from the Second Edition, and Edited, with Therapeutic Index of Diseases, by ANDREW S. CURRIE, M.D. Edin., &c. With Illustrations, crown 8vo, 6s. [*Now Ready.*

G. H. BRANDT, M.D.

I.

ROYAT (LES BAINS) IN AUVERGNE, ITS MINERAL WATERS AND CLIMATE. With Frontispiece and Map. Second edition, crown 8vo, 2s. 6d.

II.

HAMMAM R'IRHA, ALGIERS. A Winter Health Resort and Mineral Water Cure Combined. With Frontispiece and Map, crown 8vo, 2s. 6d.

GURDON BUCK, M.D.

CONTRIBUTIONS TO REPARATIVE SURGERY: Showing its Application to the Treatment of Deformities, produced by Destructive Disease or Injury; Congenital Defects from Arrest or Excess of Development; and Cicatricial Contractions from Burns. Illustrated by numerous Engravings, large 8vo, 9s.

MARY BULLAR & J. F. BULLAR, M.B. CANTAB., F.R.C.S.

RECEIPTS FOR FLUID FOODS. 16mo, 1s.

DUDLEY W. BUXTON, M.D., B.S., M.R.C.P.

Administrator of Anæsthetics at University College Hospital and the Hospital for Women, Soho Square.

ANÆSTHETICS THEIR USES AND ADMINISTRATION. Crown 8vo, 4s. [*Ready.*

[LEWIS'S PRACTICAL SERIES.]

ALFRED H. CARTER, M.D. LOND.

Member of the Royal College of Physicians; Physician to the Queen's Hospital, Birmingham; Examiner in Medicine for the University of Aberdeen, &c.

ELEMENTS OF PRACTICAL MEDICINE. Fifth Edition, crown 8vo, 9s. [*Just published.*

P. CAZEAUX.

Adjunct Professor in the Faculty of Medicine of Paris, &c.

AND

S. TARNIER.

Professor of Obstetrics and Diseases of Women and Children in the Faculty of Medicine of Paris.

OBSTETRICS: THE THEORY AND PRACTICE; including the Diseases of Pregnancy and Parturition, Obstetrical Operations, &c. Seventh Edition, edited and revised by ROBERT J. HESS, M.D., with twelve full-page plates, five being coloured, and 165 wood-engravings, 1081 pages, roy. 8vo, 35s.

FRANCIS HENRY CHAMPNEYS, M.A., M.B. OXON., F.R.C.P.

Obstetric Physician and Lecturer on Obstetric Medicine at St. George's Hospital: Examiner in Obstetric Medicine in the University of London, &c.

EXPERIMENTAL RESEARCHES IN ARTIFICIAL RESPIRATION IN STILLBORN CHILDREN, AND ALLIED SUBJECTS. Crown 8vo, 3s. 6d.

W. BRUCE CLARKE, M.A., M.B. OXON., F.R.C.S.

Assistant Surgeon to, and Senior Demonstrator of Anatomy and Operative Surgery at, St. Bartholomew's Hospital; Surgeon to the West London Hospital; Examiner in Surgery to the University of Oxford.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE KIDNEY AMENABLE TO DIRECT SURGICAL INTERFERENCE. Demy 8vo, with Illustrations, 7s. 6d.

JOHN COCKLE, M.A., M.D.
Physician to the Royal Free Hospital.

ON INTRA-THORACIC CANCER. 8vo, 4s. 6d.

ALEXANDER COLLIE, M.D. ABERD., M.R.C.P. LOND.
Medical Superintendent of the Eastern Hospitals.

ON FEVERS: THEIR HISTORY, ETIOLOGY, DIAGNOSIS, PROGNOSIS, AND TREATMENT. Illustrated with Coloured Plates, crown 8vo, 8s. 6d. [LEWIS'S PRACTICAL SERIES.]

WALTER S. COLMAN, M.B. LOND.
Formerly Assistant to the Professor of Pathology in the University of Edinburgh.

SECTION CUTTING AND STAINING: A Practical Guide to the Preparation of Normal and Morbid Histological Specimens.
[*In the press.*

ALFRED COOPER, F.R.C.S.
Surgeon to the St. Mark's Hospital for Fistula and other Diseases of the Rectum.

A PRACTICAL TREATISE ON THE DISEASES OF THE RECTUM. Crown 8vo, 4s. [*Just published.*

W. H. CORFIELD, M.A., M.D. OXON.
Professor of Hygiene and Public Health in University College, London.

DWELLING HOUSES: their Sanitary Construction and Arrangements. Second Edit., with Illustrations. Cr. 8vo, 3s. 6d.

EDWARD COTTERELL, M.R.C.S. ENG., L.R.C.P. LOND.
Late House Surgeon, University College Hospital.

ON SOME COMMON INJURIES TO LIMBS; their Treatment and After-treatment, including Bone-setting (so-called). With Illustrations, small 8vo, 3s. 6d.

CHARLES CREIGHTON, M.D.

I.

ILLUSTRATIONS OF UNCONSCIOUS MEMORY IN DISEASE, including a Theory of Alteratives. Post 8vo, 6s.

II.

CONTRIBUTIONS TO THE PHYSIOLOGY AND PATHOLOGY OF THE BREAST AND LYMPHATIC GLANDS. New Edition with additional chapter, with wood-cuts and plate, 8vo, 9s.

III.

BOVINE TUBERCULOSIS IN MAN: An Account of the Pathology of Suspected Cases. With Chromo-lithographs and other Illustrations, 8vo, 8s. 6d.

H. RADCLIFFE CROCKER, M.D. LOND., B.S., F.R.C.P.
Physician, Skin Department, University College Hospital.

A TREATISE ON DISEASES OF THE SKIN AND THEIR TREATMENT. With 76 Illustrations, 8vo, 21s. [*Now ready.*

EDGAR M. CROOKSHANK, M.B. LOND., F.R.M.S.
Professor of Bacteriology, King's College, London.

I.

MANUAL OF BACTERIOLOGY: being an Introduction to Practical Bacteriology. Illustrated with Coloured Plates from original drawings, and numerous Coloured Illustrations embodied in the text. Second Edition revised and enlarged, 8vo, 21s.

II.

PHOTOGRAPHY OF BACTERIA. Illustrated with 86 Photographs reproduced in autotype, and wood engravings, royal 8vo, 12s. 6d.

RIDLEY DALE, M.D., L.R.C.P. EDIN., M.R.C.S. ENG.

EPITOME OF SURGERY. Large 8vo. [*In the press.*

HENRY DAVIS, M.R.C.S. ENG.
Teacher and Administrator of Anæsthetics to St. Mary's and the National Dental Hospitals.

GUIDE TO THE ADMINISTRATION OF ANÆSTHE-TICS. Fcap. 8vo, 2s.

A. DE WATTEVILLE, M.A., M.D., B.SC., M.R.C.S.
Physician in Charge of the Electro-therapeutical Department at St. Mary's Hospital.

A PRACTICAL INTRODUCTION TO MEDICAL ELECTRICITY. Second Edition, re-written and enlarged, copiously Illustrated, 8vo, 9s.

J. THOMPSON DICKSON, M.A., M.B. CANTAB.
Late Lecturer on Mental Diseases at Guy's Hospital.

THE SCIENCE AND PRACTICE OF MEDICINE IN RELATION TO MIND, the Pathology of the Nerve Centres, and the Jurisprudence of Insanity, being a course of Lectures delivered at Guy's Hospital. Illustrated by Chromo-lithographic Drawings and Physiological Portraits. 8vo, 14s.

HORACE DOBELL, M.D.

Consulting Physician to the Royal Hospital for Diseases of the Chest, &c.

I.

ON DIET AND REGIMEN IN SICKNESS AND Health and on the Interdependence and Prevention of Diseases and the Diminution of their Fatality. Seventh Edition, 8vo, 10s. 6d.

II.

AFFECTIONS OF THE HEART AND IN ITS NEIGH-BOURHOOD. Cases, Aphorisms, and Commentaries. Illustrated by the heliotype process. 8vo, 6s 6d.

JOHN EAGLE.

Member of the Pharmaceutical Society.

A NOTE-BOOK OF SOLUBILITIES. Arranged chiefly for the use of Prescribers and Dispensers. 12mo, 2s. 6d.

JOHN ERIC ERICHSEN.

Ex-President of the Royal College of Surgeons; Surgeon Extraordinary to H.M. the Queen, etc.

MODERN SURGERY; its Progress and Tendencies. Be-ing the Introductory Address delivered at University College at the opening of the Session 1873-74. Demy 8vo, 1s.

DR. FERBER.

MODEL DIAGRAM OF THE ORGANS IN THE THORAX AND UPPER PART OF THE ABDOMEN. With Letter-press Description. In 4to, coloured, 5s.

J. MAGEE FINNY, M.D. DUBL.

King's Professor of Practice of Medicine in School of Physic, Ireland; Clinical Physician to St. Patrick Dun's Hospital.

NOTES ON THE PHYSICAL DIAGNOSIS OF LUNG DISEASES. 32mo, 1s. 6d. [*Now ready.*

AUSTIN FLINT, JR., M.D.

Professor of Physiology and Physiological Anatomy in the Bellevue Medical College, New York; attending Physician to the Bellevue Hospital, &c.

I.

A TEXT-BOOK OF HUMAN PHYSIOLOGY; De-signed for the Use of Practitioners and Students of Medicine. New edition, Illustrated by plates, and 313 wood engravings, large 8vo, 28s.

II.

THE PHYSIOLOGY OF THE SPECIAL SENSES AND GENERATION; (Being Vol. V. of the Physiology of Man). Roy. 8vo, 18s.

J. MILNER FOTHERGILL, M.D.

Member of the Royal College of Physicians of London; Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, &c.

I.

A MANUAL OF DIETETICS: Large 8vo, 10s. 6d.

II.

THE HEART AND ITS DISEASES, WITH THEIR TREATMENT; INCLUDING THE GOUTY HEART. Second Edition, entirely re-written, copiously illustrated with woodcuts and lithographic plates. 8vo. 16s.

III.

INDIGESTION AND BILIOUSNESS. Second Edition, post 8vo, 7s. 6d.

IV.

GOUT IN ITS PROTEAN ASPECTS. Post 8vo, 7s. 6d.

V.

HEART STARVATION. (Reprinted from the Edinburgh Medical Journal), 8vo, 1s.

ERNEST FRANCIS, F.C.S.

Demonstrator of Practical Chemistry, Charing Cross Hospital.

PRACTICAL EXAMPLES IN QUANTITATIVE ANA-lysis, forming a Concise Guide to the Analysis of Water, &c. Illustrated, fcap. 8vo, 2s. 6d.

ALFRED W. GERRARD, F.C.S.

Examiner to the Pharmaceutical Society; Teacher of Pharmacy and Demonstrator of Materia Medica at University College Hospital.

ELEMENTS OF MATERIA MEDICA AND PHAR-MACY. Crown 8vo, 8s. 6d. [*Just published.*

HENEAGE GIBBES, M.D.

Lecturer on Physiology and on Normal and Morbid Histology in the Medical School of Westminster Hospital; etc.

PRACTICAL HISTOLOGY AND PATHOLOGY. Third Edition, revised and enlarged, crown 8vo, 6s.

C. A. GORDON, M.D., C.B.

Deputy Inspector General of Hospitals, Army Medical Department.

REMARKS ON ARMY SURGEONS AND THEIR WORKS. Demy 8vo, 5s.

JOHN GORHAM, M.R.C.S.

TOOTH EXTRACTION: a Manual on the proper mode of extracting Teeth. Second Edition, fcap. 8vo, 1s.

JOHN W. S. GOULEY, M.D.

Surgeon to Bellevue Hospital.

DISEASES OF MAN: Data of their Nomenclature, Classification and Genesis. Crown 8vo, 14s.

W. R. GOWERS, M.D., F.R.C.P., M.R.C.S.

Physician to University College Hospital, &c.

DIAGRAMS FOR THE RECORD OF PHYSICAL SIGNS. In books of 12 sets of figures, 1s. Ditto, unbound, 1s.

J. B. GRESSWELL, M.R.C.V.S.

Provincial Veterinary Surgeon to the Royal Agricultural Society.

VETERINARY PHARMACOLOGY AND THERAPEUTICS. With an Index of Diseases and Remedies. Fcap. 8vo, 5s.

SAMUEL D. GROSS, M.D., LL.D., D.C.L. OXON.

Professor of Surgery in the Jefferson Medical College of Philadelphia.

A PRACTICAL TREATISE ON THE DISEASES, INJURIES, AND MALFORMATIONS OF THE URINARY BLADDER, THE PROSTATE GLAND, AND THE URETHRA. Third Edition, revised and edited by S. W. GROSS, A.M., M.D., Surgeon to the Philadelphia Hospital. Illustrated by 170 engravings, 8vo, 18s.

SAMUEL W. GROSS, A.M., M.D.

Surgeon to, and Lecturer on Clinical Surgery in, the Jefferson Medical College Hospital, and the Philadelphia Hospital, &c.

A PRACTICAL TREATISE ON TUMOURS OF THE MAMMARY GLAND: embracing their Histology, Pathology, Diagnosis, and Treatment. With Illustrations, 8vo, 10s. 6d.

ALLAN McLANE HAMILTON, M.D.

THE MODERN TREATMENT OF HEADACHES.
Square 16mo, 2s. 6d. [*Just published.*

WILLIAM A. HAMMOND, M.D.

Professor of Mental and Nervous Diseases in the Medical Department of the University of the City of New York, &c.

I.

A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM. Seventh edition, with 112 Illustrations, large 8vo, 25s.

II.

A TREATISE ON INSANITY. Large 8vo, 25s.

III.

SPIRITUALISM AND ALLIED CAUSES AND CONDITIONS OF NERVOUS DERANGEMENT. With Illustrations, post 8vo. 8s. 6d.

ALEXANDER HARVEY, M.A., M.D.

Emeritus Professor of Materia Medica in the University of Aberdeen; Consulting Physician to the Aberdeen Royal Infirmary, &c.

I.

FIRST LINES OF THERAPEUTICS; as based on the Modes and the Processes of Healing, as occurring Spontaneously in Disease; and on the Modes and the Processes of Dying, as resulting Naturally from Disease. In a series of Lectures. Post 8vo, 5s.

II.

ON THE FŒTUS IN UTERO AS INOCULATING THE MATERNAL WITH THE PECULIARITIES OF THE PATERNAL ORGANISM. In a series of Essays now first collected. Fcap. 8vo, 4s. 6d.

ALEXANDER HARVEY, M.D.

Emeritus Professor of Materia Medica in the University of Aberdeen, &c.

AND

ALEXANDER DYCE DAVIDSON, M.D., F.R.S. EDIN.

Late Regius Professor of Materia Medica in the University of Aberdeen.

SYLLABUS OF MATERIA MEDICA FOR THE USE OF STUDENTS, TEACHERS AND PRACTITIONERS Based on the relative values of articles and preparations in the British Pharmacopœia. Eighth Edition, 32mo, 1s. 6d.

K. M. HEANLEY.

Matron of Boston Cottage Hospital.

A MANUAL OF URINE TESTING. Compiled for the use of Matrons, Nurses, and Probationers. Post 8vo, 1s. 6d.

GRAILY HEWITT, M.D.

Professor of Midwifery and Diseases of Women in University College, Obstetrical Physician to University College Hospital, &c.

OUTLINES OF PICTORIAL DIAGNOSIS OF DISEASES OF WOMEN. Folio, 6s.

C. HIGGENS, F.R.C.S.

Ophthalmic Surgeon to Guy's Hospital; Leeturer on Ophthalmology at Guy's Hospital Medical School.

MANUAL OF OPHTHALMIC PRACTICE.
Crown 8vo. [*Just ready.*

[LEWIS'S PRACTICAL SERIES.]

BERKELEY HILL, M.B. LOND., F.R.C.S.

Professor of Clinical Surgery in University College; Surgeon to University College Hospital and to the Lock Hospital.

THE ESSENTIALS OF BANDAGING. With directions for Managing Fractures and Dislocations; for administering Ether and Chloroform; and for using other Surgical Apparatus; with a Chapter on Surgical Landmarks. Sixth Edition, revised and enlarged, Illustrated by 144 Wood Engravings, crown 8vo, 5s.

BERKELEY HILL, M.B. LOND., F.R.C.S.

Professor of Clinical Surgery in University College; Surgeon to University College Hospital and to the Lock Hospital.

AND

ARTHUR COOPER, L.R.C.P., M.R.C.S.

Surgeon to the Westminster General Dispensary.

I.

SYPHILIS AND LOCAL CONTAGIOUS DISORDERS.
Second Edition, entirely re-written, royal 8vo, 18s.

II.

THE STUDENT'S MANUAL OF VENEREAL DISEASES. Being a Concise Description of those Affections and of their Treatment. Fourth Edition, post 8vo, 2s. 6d.

C. R. ILLINGWORTH, M.D. ED., M.R.C.S.

THE ABORTIVE TREATMENT OF SPECIFIC FEBRILE DISORDERS BY THE BINIODIDE OF MERCURY. Crown 8vo, 3s. 6d.

SIR W. JENNER, Bart., M.D.
Physician in Ordinary to H.M. the Queen, and to H.R.H. the Prince of Wales.

THE PRACTICAL MEDICINE OF TO-DAY: Two Addresses delivered before the British Medical Association, and the Epidemiological Society, (1869). Small 8vo, 1s. 6d.

C. M. JESSOP, M.R.C.P.
Associate of King's College, London; Brigade Surgeon H.M. British Forces.

ASIATIC CHOLERA, being a Report on an Outbreak of Epidemic Cholera in 1876 at a Camp near Murree in India. With map, demy 8vo, 2s. 6d.

GEORGE LINDSAY JOHNSON, M.A., M.B., B.C. CANTAB.
Clinical Assistant, late House Surgeon and Chloroformist, Royal Westminster Ophthalmic Hospital, &c.

A NEW METHOD OF TREATING CHRONIC GLAUCOMA, based on Recent Researches into its Pathology. With Illustrations and coloured frontispiece, demy 8vo, 3s. 6d.

NORMAN KERR, M.D., F.L.S.
President of the Society for the Study of Inebriety; Consulting Physician, Dalrymple Home for Inebriates, etc.

INEBRIETY: its Etiology, Pathology, Treatment, and Jurisprudence. Crown 8vo, 12s. 6d. *[Just published.*

RUSTOMJEE NASERWANJEE KHORY, M.D. BRUX.
Member of the Royal College of Physicians.

THE PRINCIPLES AND PRACTICE OF MEDICINE. Second Edition, revised and much enlarged, 2 vols., large 8vo, 28s.

NORMAN W. KINGSLEY, M.D.S., D.D.S.
President of the Board of Censors of the State of New York; Member of the American Academy of Dental Science, &c.

A TREATISE ON ORAL DEFORMITIES AS A BRANCH OF MECHANICAL SURGERY. With over 350 Illustrations, 8vo, 16s.

E. A. KIRBY, M.D., M.R.C.S. ENG.

Late Physician to the City Dispensary.

I.

A PHARMACOPŒIA OF SELECTED REMEDIES, WITH THERAPEUTIC ANNOTATIONS, Notes on Alimentation in Disease, Air, Massage, Electricity and other Supplementary Remedial Agents, and a Clinical Index; arranged as a Handbook for Prescribers. Sixth Edition, enlarged and revised, demy 4to, 7s.

II.

ON THE VALUE OF PHOSPHORUS AS A REMEDY FOR LOSS OF NERVE POWER. Sixth Edition, 8vo, 2s. 6d.

J. WICKHAM LEGG, F.R.C.P.

Assistant Physician to Saint Bartholomew's Hospital, and Lecturer on Pathological Anatomy in the Medical School.

I.

ON THE BILE, JAUNDICE, AND BILIOUS DISEASES. With Illustrations in chromo-lithography, 719 pages, roy. 8vo, 25s.

II.

A GUIDE TO THE EXAMINATION OF THE URINE; intended chiefly for Clinical Clerks and Students. Sixth Edition, revised and enlarged, with Illustrations, fcap. 8vo, 2s. 6d.

III.

A TREATISE ON HÆMOPHILIA, SOMETIMES CALLED THE HEREDITARY HÆMORRHAGIC DIATHESIS. Fcap. 4to, 7s. 6d.

ARTHUR H. N. LEWERS, M.D. LOND., M.R.C.P. LOND.

Assistant Obstetric Physician to the London Hospital; Examiner in Midwifery and Diseases of Women to the Society of Apothecaries of London; Physician to Out-patients at the Queen Charlotte's Lying-in Hospital, etc,

A PRACTICAL TEXTBOOK OF THE DISEASES OF WOMEN. With Illustrations, crown 8vo, 8s. 6d. [*Now ready.*

[LEWIS'S PRACTICAL SERIES.]

DR. GEORGE LEWIN.

Professor at the Fr. Wilh. University, and Surgeon-in-Chief of the Syphilitic Wards and Skin Disease Wards of the Charité Hospital, Berlin.

THE TREATMENT OF SYPHILIS WITH SUBCUTA- NEOUS SUBLIMATE INJECTIONS. Translated by DR. CARL PRŒGLE, and DR. E. H. GALE, late Surgeon United States Army. Small 8vo, 7s.

LEWIS'S PRACTICAL SERIES.

Under this title Mr. LEWIS is publishing a Series of Monographs, embracing the various branches of Medicine and Surgery.

The volumes are written by well-known Hospital Physicians and Surgeons, recognized as authorities in the subjects of which they treat. The works are intended to be of a THOROUGHLY PRACTICAL nature, calculated to meet the requirements of the practitioner and student, and to present the most recent information in a compact and readable form.

MANUAL OF OPHTHALMIC PRACTICE.

By C. HIGGENS, F.R.C.S., Ophthalmic Surgeon to Guy's Hospital; Lecturer on Ophthalmology at Guy's Hospital Medical School. With Illustrations, crown 8vo. [*Nearly ready.*

A PRACTICAL TEXTBOOK OF THE DISEASES OF WOMEN.

By ARTHUR H. N. LEWERS, M.D. Lond., M.R.C.P. Lond., Assistant Obstetric Physician to the London Hospital; Examiner in Midwifery and Diseases of Women to the Society of Apothecaries of London; Physician to Out-patients at the Queen Charlotte's Lying-in Hospital, etc. With Illustrations, crown 8vo, 8s. 6d. [*Ready.*

ANÆSTHETICS THEIR USES AND ADMINISTRATION.

By DUDLEY W. BUXTON, M.D., B S., M.R.C.P., Administrator of Anæsthetics in University College Hospital and the Hospital for Women, Soho Square. Crown 8vo, 4s. [*Ready.*

TREATMENT OF DISEASE IN CHILDREN: INCLUDING THE OUTLINES OF DIAGNOSIS AND THE CHIEF PATHOLOGICAL DIFFERENCES BETWEEN CHILDREN AND ADULTS.

By ANGEL MONEY, M.D., M.R.C.P., Assistant Physician to the Hospital for Children, Great Ormond Street, and to University College Hospital. Crown 8vo, 10s. 6d.

ON FEVERS: THEIR HISTORY, ETIOLOGY, DIAGNOSIS, PROGNOSIS, AND TREATMENT.

By ALEXANDER COLLIE, M.D. Aberd., Member of the Royal College of Physicians of London; Medical Superintendent of the Eastern Hospitals; Secretary of the Epidemiological Society for Germany and Russia. Illustrated with Coloured Plates, crown 8vo, 8s. 6d.

HANDBOOK OF DISEASES OF THE EAR FOR THE USE OF STUDENTS AND PRACTITIONERS.

By URBAN PRITCHARD, M.D. Edin., F.R.C.S. Eng., Professor of Aural Surgery at King's College, London; Aural Surgeon to King's College Hospital; Senior Surgeon to the Royal Ear Hospital. With Illustrations, crown 8vo, 4s. 6d.

A PRACTICAL TREATISE ON DISEASES OF THE KIDNEYS AND URINARY DERANGEMENTS.

By CHARLES HENRY RALFE, M.A., M.D. Cantab., Fellow of the Royal College of Physicians, London; Assistant Physician to the London Hospital; Examiner in Medicine to the University of Durham, etc., etc. With Illustrations, crown 8vo, 10s. 6d.

DENTAL SURGERY FOR GENERAL PRACTITIONERS AND STUDENTS OF MEDICINE.

By ASHLEY W. BARRETT, M.B. Lond., M.R.C.S., L.D.S., Dental Surgeon to, and Lecturer on Dental Surgery and Pathology in the Medical School of, the London Hospital. With Illustrations, cr. 8vo, 3s.

BODILY DEFORMITIES AND THEIR TREATMENT: A HANDBOOK OF PRACTICAL ORTHOPÆDICS.

By H. A. REEVES, F.R.C.S. Edin., Senior Assistant Surgeon and Teacher of Practical Surgery at the London Hospital; Surgeon to the Royal Orthopædic Hospital, &c. With numerous Illustrations, cr. 8vo, 8s. 6d.

Further volumes will be announced in due course.

LEWIS'S POCKET CASE BOOK FOR PRACTITIONERS AND STUDENTS. Designed by A. T. BRAND, M.D. Roan, with pencil, 3s. 6d. *nett.*

LEWIS'S POCKET MEDICAL VOCABULARY.
Over 200 pp., 32mo, roan, 3s. 6d.

T. R. LEWIS, M.B., F.R.S. ELECT, ETC.
Late Fellow of the Calcutta University, Surgeon-Major Army Medical Staff, etc.

PHYSIOLOGICAL AND PATHOLOGICAL RESEARCHES. Arranged and edited by SIR WM. AITKEN, M.D., F.R.S., G. E. DOBSON, M.B., F.R.S., and A. E. BROWN, B.Sc. Crown 4to, portrait, 5 maps, 43 plates including 15 chromo-lithographs, and 67 wood engravings, 30s. *nett.* [*Just published.*

J. S. LOMBARD, M.D.
Formerly Assistant Professor of Physiology in Harvard College.

I.

EXPERIMENTAL RESEARCHES ON THE REGIONAL TEMPERATURE OF THE HEAD, under Conditions of Rest, Intellectual Activity and Emotion. With Illustrations, 8vo, 8s.

II.

ON THE NORMAL TEMPERATURE OF THE HEAD. 8vo, 5s.

WILLIAM THOMPSON LUSK, A.M., M.D.
Professor of Obstetrics and Diseases of Women in the Bellevue Hospital Medical College, &c.

THE SCIENCE AND ART OF MIDWIFERY.
Third Edition, with numerous Illustrations, 8vo, 18s.

RAWDON MACNAMARA.
Professor of Materia Medica Royal College of Surgeons, Ireland; Senior Surgeon to the Westmoreland (Lock) Government Hospital; Surgeon to the Meath Hospital, etc.

AN INTRODUCTION TO THE STUDY OF THE BRITISH PHARMACOPŒIA. Demy 32mo, 1s. 6d. [*Just published*

JOHN MACPHERSON, M.D.
Inspector-General of Hospitals H.M. Bengal Army (Retired). Author of "Cholera in its Home," &c.

I.

ANNALS OF CHOLERA FROM THE EARLIEST PERIODS TO THE YEAR 1817. With a map. Demy 8vo, 7s. 6d.

II.

BATH, CONTREXEVILLE, AND THE LIME SULPHATED WATERS. Crown 8vo, 2s. 6d.

DR. V. MAGNAN.

Physician to St. Ann Asylum, Paris; Laureate of the Institute.

ON ALCOHOLISM, the Various Forms of Alcoholic Delirium and their Treatment. Translated by W. S. GREENFIELD, M.D., M.R.C.P. 8vo, 7s. 6d.

A. COWLEY MALLEY, B.A., M.B., B.CH. T.C.D.

PHOTO-MICROGRAPHY; including a description of the Wet Collodion and Gelatino-Bromide Processes, together with the best methods of Mounting and Preparing Microscopic Objects for Photo-Micrography. Second Edition, with Photographs and Illustrations, crown 8vo, 7s. 6d.

PATRICK MANSON, M.D., C.M.

Amoy, China.

THE FILARIA SANGUINIS HOMINIS; AND CER-TAIN NEW FORMS OF PARASITIC DISEASE IN INDIA, CHINA, AND WARM COUNTRIES. Illustrated with Plates and Charts. 8vo, 10s. 6d.

PROFESSOR MARTIN.

MARTIN'S ATLAS OF OBSTETRICS AND GYNÆCO-LOGY. Edited by A. MARTIN, Docent in the University of Berlin. Translated and edited with additions by FANCOURT BARNES, M.D., M.R.C.P., Physician to the Chelsea Hospital for Women; Obstetric Physician to the Great Northern Hospital; and to the Royal Maternity Charity of London, &c. Medium 4to, Morocco half bound, 31s. 6d. *nett.*

WILLIAM MARTINDALE, F.C.S.

Late Examiner of the Pharmaceutical Society, and late Teacher of Pharmacy and Demonstrator of Materia Medica at University College.

AND

W. WYNN WESTCOTT, M.B. LOND.

Deputy Coroner for Central Middlesex.

THE EXTRA PHARMACOPŒIA with the additions in-troduced into the British Pharmacopœia, 1885, with Medical References, and a Therapeutic Index of Diseases and Symptoms. Fifth Edition, revised with numerous additions, limp roan, med. 24mo, 7s. 6d.

WILLIAM MARTINDALE, F.C.S.
Late Examiner of the Pharmaceutical Society, &c.

COCA, COCAINE, AND ITS SALTS: their History, Medical and Economic Uses, and Medicinal Preparations. Fcap. 8vo, 2s.

MATERIA MEDICA LABELS.

Adapted for Public and Private Collections. Compiled from the British Pharmacopœia of 1885. The Labels are arranged in Two Divisions:—

Division I.—Comprises, with few exceptions, Substances of Organized Structure, obtained from the Vegetable and Animal Kingdoms.

Division II.—Comprises Chemical Materia Medica, including Alcohols, Alkaloids, Sugars, and Neutral Bodies.

On plain paper, 10s. 6d. *nett.* On gummed paper, 12s. 6d. *nett.*

*** Specimens of the Labels, of which there are over 450, will be sent on application.

S. E. MAUNSELL, L.R.C.S.I.
Surgeon-Major, Medical Staff.

NOTES OF MEDICAL EXPERIENCES IN INDIA PRINCIPALLY WITH REFERENCE TO DISEASES OF THE EYE. With Map, post 8vo, 3s. 6d.

J. F. MEIGS, M.D.
Consulting Physician to the Children's Hospital, Philadelphia.

AND

W. PEPPER, M.D.
Lecturer on Clinical Medicine in the University of Pennsylvania.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. Seventh Edition, revised and enlarged, roy. 8vo, 28s.

Wm. JULIUS MICKLE, M.D., F.R.C.P. LOND.
Medical Superintendent, Grove Hall Asylum, London, &c.

I.

GENERAL PARALYSIS OF THE INSANE.
Second Edition, enlarged and rewritten, 8vo, 14s.

II.

ON INSANITY IN RELATION TO CARDIAC AND AORTIC DISEASE AND PHTHISIS. Crown 8vo, 3s. 6d.

KENNETH W. MILLICAN, B.A. CANTAB., M.R.C.S.

THE EVOLUTION OF MORBID GERMS: A Contribution to Transcendental Pathology. Cr. 8vo, 3s. 6d.

ANGEL MONEY, M.D., M.R.C.P.
Assistant Physician to the Hospital for Children, Great Ormond Street, and to University College Hospital.

TREATMENT OF DISEASE IN CHILDREN: INCLUDING THE OUTLINES OF DIAGNOSIS AND THE CHIEF PATHOLOGICAL DIFFERENCES BETWEEN CHILDREN AND ADULTS. Crown 8vo, 10s. 6d.
[LEWIS'S PRACTICAL SERIES.]

E. A. MORSHEAD, M.R.C.S., L.R.C.P.
Assistant to the Professor of Medicine in University College, London.

TABLES OF THE PHYSIOLOGICAL ACTION OF DRUGS. Fcap. 8vo, 1s.

A. STANFORD MORTON, M.B., F.R.C.S. ED.
Surgeon to the Royal South London Ophthalmic Hospital.

REFRACTION OF THE EYE: Its Diagnosis, and the Correction of its Errors. Third Edition, with Illustrations, small 8vo. 3s.

C. W. MANSELL MOULLIN, M.A., M.D. OXON., F.R.C.S. ENG.

Assistant Surgeon and Senior Demonstrator of Anatomy at the London Hospital; formerly Radcliffe Travelling Fellow and Fellow of Pembroke College, Oxford.

SPRAINS; THEIR CONSEQUENCES AND TREATMENT. Crown 8vo, 5s. [*Now ready.*

PAUL F. MUNDÉ, M.D.

Professor of Gynecology at the New York Polyclinic; President of the New York Obstetrical Society and Vice-President of the British Gynecological Society, &c.

THE MANAGEMENT OF PREGNANCY, PARTURITION, AND THE PUERPERAL STATE, NORMAL AND ABNORMAL. Square 8vo, 3s. 6d. [*Just published.*

WILLIAM MURRELL, M.D., F.R.C.P.

Lecturer on Materia Medica and Therapeutics at Westminster Hospital; Examiner in Materia Medica to the Royal College of Physicians of London, etc.

MASSAGE AS A MODE OF TREATMENT.
Third Edit., with Illustrations, crown 8vo, 4s. 6d. [*Just published.*

II.

WHAT TO DO IN CASES OF POISONING.
Fifth Edition, royal 32mo, 3s. 6d.

III.

NITRO-GLYCERINE AS A REMEDY FOR ANGINA PECTORIS. Crown 8vo, 3s. 6d.

DR. FELIX von NIEMEYER.

Late Professor of Pathology and Therapeutics; Director of the Medical Clinic of the University of Tübingen.

A TEXT-BOOK OF PRACTICAL MEDICINE, WITH PARTICULAR REFERENCE TO PHYSIOLOGY AND PATHOLOGICAL ANATOMY. Translated from the Eighth German Edition, by special permission of the Author, by GEORGE H. HUMPHREY, M.D., and CHARLES E. HACKLEY, M.D. Revised Edition, 2 vols., large 8vo, 36s.

GEORGE OLIVER, M.D., F.R.C.P.

I.

THE HARROGATE WATERS: Data Chemical and Therapeutical, with notes on the Climate of Harrogate. Addressed to the Medical Profession. Crown 8vo, with Map of the Wells, 3s. 6d.

II.

ON BEDSIDE URINE TESTING: a Clinical Guide to the Observation of Urine in the course of Work. Third Edition, revised and enlarged, fcap. 8vo, 3s. 6d.

SAMUEL OSBORN, F.R.C.S.

Assistant-Surgeon to the Hospital for Women; Surgeon Royal Naval Artillery-Volunteers.

I.

AMBULANCE LECTURES: FIRST AID. With Illustrations, fcap. 8vo, 1s. 6d.

II.

AMBULANCE LECTURES: NURSING. With Illustrations fcap. 8vo, 1s. 6d.

ROBERT W. PARKER.

Surgeon to the East London Hospital for Children, and to the Grosvenor Hospital for Women and Children.

I.

TRACHEOTOMY IN LARYNGEAL DIPHTHERIA, AFTER TREATMENT AND COMPLICATIONS. Second Edition. With Illustrations, 8vo, 5s.

II.

CONGENITAL CLUB-FOOT; ITS NATURE AND TREATMENT. With special reference to the subcutaneous division of Tarsal Ligaments. 8vo, 7s. 6d.

JOHN S. PARRY, M.D.

Obstetrician to the Philadelphia Hospital, Vice-President of the Obstetrical and Pathological Societies of Philadelphia, &c.

EXTRA-UTERINE PREGNANCY; Its Causes, Species, Pathological Anatomy, Clinical History, Diagnosis, Prognosis and Treatment. 8vo, 8s.

E. RANDOLPH PEASLEE, M.D., LL.D.

Late Professor of Gynæcology in the Medical Department of Dartmouth College; President of the New York Academy of Medicine, &c., &c.

OVARIAN TUMOURS: Their Pathology, Diagnosis, and Treatment, especially by Ovariotomy. Illustrations, roy. 8vo, 16s.

G. V. POORE, M.D., F.R.C.P.

Professor of Medical Jurisprudence, University College; Assistant Physician to, and Physician in charge of the Throat Department of, University College Hospital.

LECTURES ON THE PHYSICAL EXAMINATION OF THE MOUTH AND THROAT. With an Appendix of Cases. 8vo, 3s. 6d.

R. DOUGLAS POWELL, M.D., F.R.C.P., M.R.C.S.

Physician Extraordinary to H.M. the Queen; Physician to the Middlesex Hospital, and Physician to the Hospital for Consumption and Diseases of the Chest at Brompton.

DISEASES OF THE LUNGS AND PLEURÆ, INCLUD- ING CONSUMPTION. Third Edition, entirely rewritten and enlarged. With coloured plates and wood engravings, 8vo, 16s.

URBAN PRITCHARD, M.D. EDIN., F.R.C.S. ENG.

Professor of Aural Surgery at King's College, London; Aural Surgeon to King's College Hospital; Senior Surgeon to the Royal Ear Hospital.

HANDBOOK OF DISEASES OF THE EAR FOR THE USE OF STUDENTS AND PRACTITIONERS, With Illustrations, crown 8vo, 4s. 6d.

[[LEWIS'S PRACTICAL SERIES.]

CHARLES W. PURDY, M.D. (QUEEN'S UNIV.)

Professor of Genito-Urinary and Renal Diseases in the Chicago Polyclinic, &c., &c.

BRIGHT'S DISEASE AND THE ALLIED AFFECTIONS OF THE KIDNEYS. With Illustrations, large 8vo, 8s. 6d.

CHARLES HENRY RALFE, M.A., M.D. CANTAB., F.R.C.P. LOND.
Assistant Physician to the London Hospital; Examiner in Medicine to the University of Durham, etc., etc.

A PRACTICAL TREATISE ON DISEASES OF THE KIDNEYS AND URINARY DERANGEMENTS. With Illustrations, crown 8vo, 10s. 6d.

[LEWIS'S PRACTICAL SERIES.]

AMBROSE L. RANNEY, A.M., M.D.
Professor of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School and Hospital; Professor of Nervous and Mental Diseases in the Medical Department of the University of Vermont.

THE APPLIED ANATOMY OF THE NERVOUS SYS-TEM. Being a Study of this portion of the Human Body from a stand-point of its general interest and practical utility in Diagnosis, designed for use as a text-book and a work of reference. Second Edit., 238 Illustrations, large 8vo, 21s. [*Just published.*

H. A. REEVES, F.R.C.S. EDIN.
Senior Assistant Surgeon and Teacher of Practical Surgery at the London Hospital; Surgeon to the Royal Orthopædic Hospital.

BODILY DEFORMITIES AND THEIR TREATMENT: A HANDBOOK OF PRACTICAL ORTHOPÆDICS. With numerous Illustrations, crown 8vo, 8s. 6d.

[LEWIS'S PRACTICAL SERIES.]

RALPH RICHARDSON, M.A., M.D.
Fellow of the College of Physicians, Edinburgh.

ON THE NATURE OF LIFE: An Introductory Chap-ter to Pathology. Second Edition, revised and enlarged. Fcap. 4to, 10s. 6d.

W. RICHARDSON, M.A., M.D., M.R.C.P.

REMARKS ON DIABETES, ESPECIALLY IN REFER-ENCE TO TREATMENT. Demy 8vo, 4s. 6d.

SYDNEY RINGER, M.D., F.R.S.
Professor of the Principles and Practice of Medicine in University College; Physician to, and Professor of Clinical Medicine in, University College Hospital.

I.

A HANDBOOK OF THERAPEUTICS. Twelfth Edition, thoroughly revised, 8vo, 15s. [*Just ready.*

II.

ON THE TEMPERATURE OF THE BODY AS A MEANS OF DIAGNOSIS AND PROGNOSIS IN PHTHISIS. Second Edition, small 8vo, 2s. 6d.

FREDERICK T. ROBERTS, M.D., B.SC., F.R.C.P.

Examiner in Medicine at the Royal College of Surgeons; Professor of Therapeutics in University College; Physician to University College Hospital; Physician to Brompton Consumption Hospital, &c.

I.

A HANDBOOK OF THE THEORY AND PRACTICE OF MEDICINE. Seventh Edition, with Illustrations, in one volume, large 8vo, 21s. [*Just published.*

*** *Copies may also be had bound in two volumes cloth for* 1s. 6d. *extra.*

II.

THE OFFICINAL MATERIA MEDICA.
Second Edition, entirely rewritten in accordance with the latest British Pharmacopœia, fcap. 8vo, 7s. 6d.

R. LAWTON ROBERTS, M.D., M.R.C.S.

ILLUSTRATED LECTURES ON AMBULANCE WORK.
Third Edition, copiously Illustrated, crown 8vo, 2s. 6d. [*Just ready.*

A. R. ROBINSON, M.B., L.R.C.P., AND L.R.C.S. EDIN.

Professor of Dermatology at the New York Polyclinic.

A MANUAL OF DERMATOLOGY. With 88 Illustrations, large 8vo, 21s.

D. B. St. JOHN ROOSA, M.A., M.D.

Professor of Diseases of the Eye and Ear in the University of the City of New York; Surgeon to the Manhattan Eye and Ear Hospital; Consulting Surgeon to the Brooklyn Eye and Ear Hospital, &c., &c.

A PRACTICAL TREATISE ON THE DISEASES OF THE EAR, including the Anatomy of the Organ. Sixth Edition, Illustrated by wood engravings and chromo-lithographs, large 8vo, 25s.

ROBSON ROOSE, M.D.

Fellow of the Royal College of Physicians in Edinburgh.

I.

GOUT, AND ITS RELATIONS TO DISEASES OF THE LIVER AND KIDNEYS. Fifth Edition, crown 8vo, 3s. 6d.

II.

NERVE PROSTRATION AND OTHER FUNCTIONAL DISORDERS OF DAILY LIFE. Crown 8vo, 10s. 6d.

[*Just published.*

J. BURDON SANDERSON, M.D., LL.D., F.R.S.

Jodrell Professor of Physiology in University College, London.

UNIVERSITY COLLEGE COURSE OF PRACTICAL EXERCISES IN PHYSIOLOGY. With the co-operation of F. J. M. PAGE, B.Sc., F.C.S.; W. NORTH, B.A., F.C.S., and AUG. WALLER, M.D. Demy 8vo, 3s. 6d.

W. H. O. SANKEY, M.D. LOND., F.R.C.P.

Late Lecturer on Mental Diseases, University College and School of Medicine for Women, London; Formerly Medical Superintendent (Female Department) of Hanwell Asylum; President of Medico-Psychological Society, &c.

LECTURES ON MENTAL DISEASE. Second Edition, with coloured plates, 8vo, 12s. 6d.

JOHN SAVORY.

Member of the Society of Apothecaries, London.

A COMPENDIUM OF DOMESTIC MEDICINE AND COMPANION TO THE MEDICINE CHEST: Intended as a source of easy reference for Clergymen, Master Mariners, and Travellers; and for Families resident at a distance from professional assistance. Tenth Edition, sm. 8vo, 5s. [*Now ready.*

DR. B. S. SCHULTZE.

Professor of Gynæcology; Director of the Lying-in Hospital and of the Gynæcologibal Clinic at Jena.

THE PATHOLOGY AND TREATMENT OF DIS- PLACEMENTS OF THE UTERUS. Translated by A. V. MACAN, B.A., M.B., Master of the Rotunda Lying-in Hospital, Dublin, and J. J. MACAN, M.A., M.R.C.S. With Illustrations, medium 8vo.

[*In the press.*

JOHN V. SHOEMAKER, A.M., M.D.
Professor of Skin Diseases in the Medico-Chirurgical College and Hospital of Philadelphia; Physician to the Philadelphia Hospital for Diseases of the Skin.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. Coloured Plates and other Illustrations, large 8vo, 24s.

WM. JAPP SINCLAIR, M.A., M.D.
Honorary Physician to the Manchester Southern Hospital for Women and Children, and Manchester Maternity Hospital.

ON GONORRHŒAL INFECTION IN WOMEN.
Post 8vo, 4s. [*Just published.*

ALDER SMITH, M.B. LOND., F.R.C.S.
Resident Medical Officer, Christ's Hospital, London.

RINGWORM: Its Diagnosis and Treatment.
Third Edition, enlarged, with Illustrations, fcap. 8vo, 5s. 6d.

J. LEWIS SMITH, M.D.
Physician to the New York Infants' Hospital; Clinical Lecturer on Diseases of Children in Bellevue Hospital Medical College.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. Fifth Edition, with Illustrations, large 8vo, 21*s*

FRANCIS W. SMITH, M.B., B.S.

THE SALINE WATERS OF LEAMINGTON. Second Edit., with Illustrations, crown 8vo, 1s. *nett.*

JAMES STARTIN, M.B., M.R.C.S.
Surgeon and Joint Lecturer to St. John's Hospital for Diseases of the Skin.

LECTURES ON THE PARASITIC DISEASES OF THE SKIN. VEGETOID AND ANIMAL. With Illustrations, crown 8vo, 2s. 6d.

LEWIS A. STIMSON, B.A., M.D.
Surgeon to the Presbyterian and Bellevue Hospitals; Professor of Clinical Surgery in the Medical Faculty of the University of the City of New York, &c.

A MANUAL OF OPERATIVE SURGERY.
Second Edition, with three hundred and forty-two Illustrations, post 8vo, 10s. 6d. [*Just published.*

ADOLF STRÜMPELL.

Director of the Medical Clinic in the University of Erlangen.

A TEXT-BOOK OF MEDICINE FOR STUDENTS AND PRACTITIONERS. Translated from the latest German edition by Dr. H. F. VICKERY and Dr. P. C. KNAPP, with Editorial Notes by Dr. F. C. SHATTUCK, Visiting Physician to the Massachusetts General Hospital, etc. Complete in one large vol., imp. 8vo, with 111 Illustrations, 28s. [*Just published.*

JUKES DE STYRAP, M.K.Q.C.P., ETC.

Physician-Extraordinary, late Physician in Ordinary, to the Salop Infirmary; Consulting Physician to the South Salop and Montgomeryshire Infirmaries, etc.

THE MEDICO-CHIRURGICAL TARIFFS PREPARED FOR THE LATE SHROPSHIRE ETHICAL BRANCH OF THE BRITISH MEDICAL ASSOCIATION. Fourth Edition, fcap. 4to, revised and enlarged, 2s. *nett.*

C. W. SUCKLING, M.D. LOND., M.R.C.P.

Professor of Materia Medica and Therapeutics at the Queen's College, Physician to the Queen's Hospital, Birmingham, etc.

ON THE DIAGNOSIS OF DISEASES OF THE BRAIN, SPINAL CORD, AND NERVES. With Illustrations, crown 8vo, 8s. 6d.

JOHN BLAND SUTTON, F.R.C.S.

Lecturer on Comparative Anatomy, Senior Demonstrator of Anatomy, and Assistant Surgeon to the Middlesex Hospital; Erasmus Wilson Lecturer, Royal College of Surgeons, England.

LIGAMENTS: THEIR NATURE AND MORPHOLOGY. With numerous Illustrations, post 8vo, 4s. 6d.

HENRY R. SWANZY, A.M., M.B., F.R.C.S.I.

Examiner in Ophthalmic Surgery in the Royal University of Ireland, and to the Conjoint Board of the King and Queen's College of Physicians and Royal College of Surgeons, Ireland; Surgeon to the National Eye and Ear Infirmary, Dublin; Ophthalmic Surgeon to the Adelaide Hospital, Dublin.

A HANDBOOK OF THE DISEASES OF THE EYE AND THEIR TREATMENT. Second Edition, Illustrated with wood-engravings, colour tests, etc., small 8vo, 10s. 6d. [*Just published.*

EUGENE S. TALBOT, M.D., D.D.S.

Professor of Dental Surgery in the Woman's Medical College; Lecturer on Dental Pathology and Surgery in Rush Medical College, Chicago.

IRREGULARITIES OF THE TEETH AND THEIR TREATMENT. With 152 Illustrations, royal 8vo, 10s. 6d.

JOHN DAVIES THOMAS, M.D. LOND., F.R.C.S. ENG.

Physician to the Adelaide Hospital, S. Australia.

I.

HYDATID DISEASE, WITH SPECIAL REFERENCE TO ITS PREVALENCE IN AUSTRALIA. Demy 8vo, 10s. 6d.

II.

HYDATID DISEASE OF THE LUNGS. Demy 8vo, 2s.

HUGH OWEN THOMAS, M.R.C.S.

I.

DISEASES OF THE HIP, KNEE, AND ANKLE JOINTS, with their Deformities, treated by a new and efficient method. Third Edition, 8vo, 25s.

II.

CONTRIBUTIONS TO SURGERY AND MEDICINE:—

PART 1.—Intestinal Obstruction; with an Appendix on the Action of Remedies. 10s.

„ 2.—The Principles of the Treatment of Joint Disease, Inflammation, Anchylosis, Reduction of Joint Deformity, Bone Setting. 5s.

„ 3.—Fractures, Dislocations, Diseases and Deformities of the Bones of the Trunk and Upper Extremities. 10s.

„ 4.—The Collegian of 1666 and the Collegians of 1885; or what is recognised treatment? 2s. 6d.

„ 5.—On Fractures of the Lower Jaw. 1s.

„ 6.—The Principles of the Treatment of Fractures and Dislocations. 10s.

„ 8.—The Inhibition of Nerves by Drugs. Proof that Inhibitory Nerve-Fibres do not exist. 1s.

(Parts 7, 9 and 10 are in preparation).

J. ASHBURTON THOMPSON, M.R.C.S.
Late Surgeon at King's Cross to the Great Northern Railway Company.

FREE PHOSPHORUS IN MEDICINE WITH SPE-CIAL REFERENCE TO ITS USE IN NEURALGIA. A contribution to Materia Medica and Therapeutics. An account of the History, Pharmaceutical Preparations, Dose, Internal Administration, and Therapeutic uses of Phosphorus; with a Complete Bibliography of this subject, referring to nearly 200 works upon it. Demy 8vo, 7s. 6d.

J. C. THOROWGOOD, M.D.
Assistant Physician to the City of London Hospital for Diseases of the Chest.

THE CLIMATIC TREATMENT OF CONSUMPTION AND CHRONIC LUNG DISEASES. Third Edition, post 8vo, 3s 6d.

EDWARD T. TIBBITS, M.D. LOND.
Physician to the Bradford Infirmary; and to the Bradford Fever Hospital.

MEDICAL FASHIONS IN THE NINETEENTH CEN-TURY, including a Sketch of Bacterio-Mania and the Battle of the Bacilli. Crown 8vo, 2s. 6d.

H. H. TOOTH, M.A., M.D., M.R.C.P.
Assistant Demonstrator of Physiology at St. Bartholomew's Hospital.

THE PERONEAL TYPE OF PROGRESSIVE MUSCU-LAR ATROPHY. 8vo, 1s.

FREDERICK TREVES, F.R.C.S.
Hunterian Professor at the Royal College of Surgeons of England; Surgeon to and Lecturer on Anatomy at the London Hospital.

THE ANATOMY OF THE INTESTINAL CANAL AND PERITONEUM IN MAN. Hunterian Lectures, 1885. 4to, 2s. 6d.

D. HACK TUKE, M.D., LL.D.
Fellow of the Royal College of Physicians, London.

THE INSANE IN THE UNITED STATES AND CANADA. Demy 8vo, 7s. 6d.

LAURENCE TURNBULL, M.D., PH.G.

Aural Surgeon to Jefferson Medical College Hospital, &c., &c.

ARTIFICIAL ANÆSTHESIA: A Manual of Anæsthetic Agents, and their Employment in the Treatment of Disease. Second Edition, with Illustrations, crown 8vo, 6s.

DR. R. ULTZMANN.

ON STERILITY AND IMPOTENCE IN MAN. Translated from the German with notes and additions by ARTHUR COOPER, L.R.C.P., M.R.C.S., Surgeon to the Westminster General Dispensary. With Illustrations, fcap. 8vo, *2s. 6d.*

W. H. VAN BUREN, M.D., LL.D.

Professor of Surgery in the Bellevue Hospital Medical College.

DISEASES OF THE RECTUM: And the Surgery of the Lower Bowel. Second Edition, with Illustrations, 8vo, 14s.

RUDOLPH VIRCHOW, M.D.

Professor in the University, and Member of the Academy of Sciences of Berlin, &c., &c.

INFECTION-DISEASES IN THE ARMY, Chiefly Wound Fever, Typhoid, Dysentery, and Diphtheria. Translated from the German by JOHN JAMES, M.B., F.R.C.S. Fcap. 8vo, 1s. 6d.

ALFRED VOGEL, M.D.

Professor of Clinical Medicine in the University of Dorpat, Russia.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. Third Edition, translated and edited by H. RAPHAEL, M.D., from the Eighth German Edition, illustrated by six lithographic Plates, part coloured, royal 8vo, 18s.

A. DUNBAR WALKER, M.D., C.M.

THE PARENT'S MEDICAL NOTE BOOK. Oblong post 8vo, cloth, 1s. 6d.

JOHN RICHARD WARDELL, M.D. EDIN., F.R.C.P. LOND.
Late Consulting Physician to the General Hospital Tunbridge Wells.

CONTRIBUTIONS TO PATHOLOGY AND THE PRACTICE OF MEDICINE. Medium 8vo, 21s.

W. SPENCER WATSON, F.R.C.S. ENG., B.M. LOND.
Surgeon to the Great Northern Hospital; Surgeon to the Royal South London Ophthalmic Hospital.

I.

DISEASES OF THE NOSE AND ITS ACCESSORY CAVITIES. Profusely Illustrated. Demy 8vo, 18s.

II.

EYEBALL-TENSION: Its Effects on the Sight and its Treatment. With woodcuts, p. 8vo, 2s. 6d.

III.

ON ABSCESS AND TUMOURS OF THE ORBIT. Post 8vo, 2s. 6d.

FRANCIS H. WELCH, F.R.C.S.
Surgeon Major, A.M.D.

ENTERIC FEVER: as Illustrated by Army Data at Home and Abroad, its Prevalence and Modifications, Ætiology, Pathology and Treatment. 8vo, 5s. 6d.

W. WYNN WESTCOTT, M.B.
Deputy Coroner for Central Middlesex.

SUICIDE; its History, Literature, Jurisprudence, and Prevention. Crown 8vo, 6s.

JOHN WILLIAMS, M.D., F.R.C.P.
Professor of Midwifery in University College, London; Obstetric Physician to University College Hospital; Physician Accoucheur to H.R.H. Princess Beatrice, etc.

CANCER OF THE UTERUS: Being the Harveian Lectures for 1886. Illustrated with Lithographic Plates, royal 8vo, 10s. 6d.
[Just published.

E. T. WILSON, B.M. OXON., F.R.C.P. LOND.
Physician to the Cheltenham General Hospital and Dispensary.

DISINFECTANTS AND HOW TO USE THEM. In Packets of one doz. price 1s.

DR. F. WINCKEL.

Formerly Professor and Director of the Gynæcological Clinic at the University of Rostock.

THE PATHOLOGY AND TREATMENT OF CHILD-BED: A Treatise for Physicians and Students. Translated from the Second German edition, with many additional notes by the Author, by J. R. CHADWICK, M.D. 8vo, 14s.

EDWARD WOAKES, M.D. LOND.

Senior Aural Surgeon and Lecturer on Aural Surgery at the London Hospital; Surgeon to the London Throat Hospital.

I.

ON DEAFNESS, GIDDINESS AND NOISES IN THE HEAD.

VOL. I.—POST-NASAL CATARRH, AND DISEASES OF THE NOSE CAUSING DEAFNESS. With Illustrations, cr. 8vo, 6s. 6d.

VOL. II.—ON DEAFNESS, GIDDINESS AND NOISES IN THE HEAD. Third Edition, with Illustrations, cr. 8vo. [*In preparation.*

II.

NASAL POLYPUS: WITH NEURALGIA, HAY-FEVER, AND ASTHMA, IN RELATION TO ETHMOIDITIS. With Illustrations, cr. 8vo, 4s. 6d. [*Now ready.*

DAVID YOUNG, M.C., M.B., M.D.

Licentiate of the Royal College of Physicians, Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh; Fellow of, and late Examiner in Midwifery to the University of Bombay; etc.

ROME IN WINTER AND THE TUSCAN HILLS IN SUMMER. A CONTRIBUTION TO THE CLIMATE OF ITALY. Small 8vo, 6s.

HERMANN VON ZEISSL, M.D.

Late Professor at the Imperial Royal University of Vienna,

OUTLINES OF THE PATHOLOGY AND TREAT-MENT OF SYPHILIS AND ALLIED VENEREAL DISEASES. Second Edition, revised by M. VON ZEISSL, M.D., Privat-Docent for Diseases of the Skin and Syphilis at the Imperial Royal University of Vienna. Translated, with Notes, by H. RAPHAEL, M.D., Attending Physician for Diseases of Genito-Urinary Organs and Syphilis, Bellevue Hospital, Out-Patient Department. Large 8vo, 18s. [*Just published.*

Clinical Charts For Temperature Observations, etc.

Arranged by W. RIGDEN, M.R.C.S. 50s. per 1000, 28s. per 500, 15s. per 250, 7s. per 100, or 1s. per dozen.

Each Chart is arranged for four weeks, and is ruled at the back for making notes of cases; they are convenient in size, and are suitable both for hospital and private practice.

THE NEW SYDENHAM SOCIETY'S PUBLICATIONS.

President :—Sir Spencer Wells, Bart., F.R.C.S.
Honorary Secretary :—Jonathan Hutchinson, Esq., F.R.S.
Treasurer :—W. Sedgwick Saunders, M.D., F.S.A.

Annual Subscription, One Guinea.

The Society issues translations of recent standard works by continental authors on subjects of general interest to the profession, and an Atlas of Pathology with Coloured Plates. The Society also has in hand a valuable and exhaustive "Lexicon of Medicine and the Allied Sciences."

Amongst works recently issued are "Spiegelberg's Midwifery," "Hirsch's Historical and Geographical Pathology," "Essays on Micro-Parasites," works by Charcot, Duchenne, Begbie, Billroth, Graves, Koch, Hebra, Guttmann, etc.

The Annual Report, with full list of works published, and all further information will be sent on application.

PERIODICAL WORKS PUBLISHED BY H. K. LEWIS.

THE NEW YORK MEDICAL JOURNAL. A Weekly Review of Medicine. Annual Subscription, One Guinea, post free.

THE THERAPEUTIC GAZETTE. A Monthly Journal, devoted to the Science of Pharmacology, and to the introduction of New Therapeutic Agents. Edited by Drs. H. C. Wood and R. M. Smith. Annual Subscription, 10s., post free.

THE GLASGOW MEDICAL JOURNAL. Published Monthly. Annual Subscription, 20s., post free. Single numbers, 2s. each.

LIVERPOOL MEDICO-CHIRURGICAL JOURNAL, including the Proceedings of the Liverpool Medical Institution. Published twice yearly, 3s. 6d. each number.

THE INDIAN MEDICAL JOURNAL. A Journal of Medical and Sanitary Science specially devoted to the Interests of the Medical Services. Annual Subscription, 24s., post free.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Volumes I. to VI., 8vo, 10s. 6d. each.

MIDDLESEX HOSPITAL, REPORTS OF THE MEDICAL, SURGICAL, AND Pathological Registrars for 1883 to 1886. Demy 8vo, 2s. 6d. *nett* each volume.

*** Mr. Lewis is in constant communication with the leading publishing firms in America, and has transactions with them for the sale of his publications in that country. Advantageous arrangements are made in the interests of Authors for the publishing of their works in the United States.

Mr. Lewis's publications can be procured of all Booksellers in any part of the world.

London: Printed by H. K Lewis, 136 Gower Street, W.C.